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ABSTRACT

Because of increasing congressional and public concern about child abuse and neglect, the U.S. General Accounting Office (GAO) reviewed the federal child welfare services program and related activities. GAO recommends that the Department of Health, Education, and Welfare (HEW) develop a system for evaluating the well-being of children and the impact of federally supported programs and an information recording and reporting system to enable it to determine the reasons for differences in the well-being of children among the states and to focus research projects on the greatest obstacles to improvements. The report addresses the need for federal evaluation of programs concerning the well-being of children, for research directed toward problems identified through such evaluation, and for greater dissemination of research knowledge. GAO devised a method for measuring the progress of children accepted for protective services by welfare agencies. This method focuses on the well-being of children rather than on the number and types of services provided or available. HEW's reactions to the recommendations of GAO are given. (RC)

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# *REPORT TO THE CONGRESS*

## *BY THE COMPTROLLER GENERAL OF THE UNITED STATES*

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# More Can Be Learned And Done About The Well-Being Of Children

Social and Rehabilitation Service

Department of Health, Education, and Welfare

This is an assessment of the well-being of some children accepted for federally supported protective services, obstacles to greater accomplishments on behalf of these children, and opportunities for improvement.

The report addresses the need for Federal evaluation of programs concerning the well-being of children, for research directed toward problems identified through such evaluation, and for greater dissemination of research knowledge.

GAO devised an unprecedented method for measuring the progress of children accepted for protective services by welfare agencies. This method focuses on the well-being of children rather than on the number and types of services provided or available.

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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COMPTROLLER GENERAL OF THE UNITED STATES
WASHINGTON, D.C. 20548

B-164031(3)

To the President of the Senate and the
Speaker of the House of Representatives

This report describes actions that the Department of Health, Education, and Welfare could take to develop a system for evaluating the well-being of children and the impact of relevant federally supported programs. The increasing congressional and public concern about child abuse and neglect prompted our review of the Federal child welfare services program.

We made our review pursuant to the Budget and Accounting Act, 1921 (31 U.S.C. 53), and the Accounting and Auditing Act of 1950 (31 U.S.C. 67).

We are sending copies of this report to the Director, Office of Management and Budget, and to the Secretary of Health, Education, and Welfare.

Comptroller General
of the United States

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ABBREVIATIONS

| | |
|---|---|
| AFDC | aid to families with dependent children |
| CSA | Community Services Administration |
| GAO | General Accounting Office |
| HEW | Department of Health, Education, and Welfare |
| OCD | Office of Child Development |
| SRS | Social and Rehabilitation Service |

COMPTROLLER GENERAL'S REPORT TO THE CONGRESS

# MORE CAN BE LEARNED AND DONE ABOUT THE WELL-BEING OF CHILDREN

Social and Rehabilitation Service
Department of Health, Education, and Welfare

## D I G E S T


Because of increasing congressional and public concern about child abuse and neglect, GAO reviewed the Federal child welfare services program and related activities.

GAO recommends that the Department of Health, Education, and Welfare (HEW) develop

--a system for evaluating the well-being of children and the impact of federally supported programs and

--an information recording and reporting system to enable it to determine the reasons for differences in the well-being of children among the States and to focus research projects on the greatest obstacles to improvements.

Knowledge gained from research should be better disseminated among State and local welfare agencies. (See pp. 62 and 63.)

For its part, the Congress should consider requiring HEW to submit biennially a report on the well-being of children in the United States. This report should include information on the impact of federally supported programs and on recommended changes. (See p. 66.)

GAO's recommendations are based on the results of its review of the child welfare services program administered by HEW. These services are estimated to cost about $1.4 billion annually. About one-half of this amount comes from Federal funds.

These services, as authorized by title IV of the Social Security Act, are to:

--Prevent or remedy problems which may result in the neglect, abuse, exploitation, or delinquency of children.

--Protect and care for homeless, dependent, or neglected children.

--Protect and promote the welfare of children in general, including the strengthening of their own homes, and, when needed, the providing of adequate care of children in foster family homes or day-care or other child-care facilities.

GAO found that no means were available for assessing, at specified intervals, the extent of change in and the adequacy of a child's situation. GAO developed and used a method for assessing and measuring improvements in the situations of children receiving services through welfare agencies. (See p. 6.)

A review of case files on 724 children accepted for services by local welfare agencies in 10 locations showed that while there was generally improvement in a child's situation, such improvement often took considerable time and older children were less likely to improve as much as younger children. (See pp. 19 to 22.)

Several obstacles hindered greater accomplishments by child welfare agencies. At the local level:

--People were often not aware of the services offered by the welfare agency. (See pp. 23 to 27.)

--"Caregivers" of children sometimes evaded or resisted assistance. (See p. 30.)

--Caseworkers frequently did not have specialists assist in making complex decisions about assistance to be provided children. (See pp. 30 and 31.)

--Suitable facilities for adolescents with behavorial problems were frequently lacking. (See pp. 31 to 33.)

At the Federal level, HEW had not evaluated the well-being of children adequately and was not fully informing States of the results of research and demonstration projects. (See p. 34.)

HEW agreed with GAO's two recommendations concerning the dissemination of and the appropriateness of research and demonstration efforts.

HEW also agreed in principle with the recommendation to develop an evaluation system based on the concept of the well-being of children but identified several issues which HEW believed needed to be resolved before development of the concept, such as the subjective nature of "well-being" and limitations of the State of the art regarding program evaluation. (See pp. 63 to 65.)

The report includes several suggestions about how HEW could facilitate resolving the issues raised. Notwithstanding those issues, HEW supported the purpose of such an endeavor and cited several recently undertaken or initiated activities which were in line with GAO's recommendations.

HEW rejected, at the present time, GAO's proposal for the development of an information system because HEW considered it necessary to first develop the evaluation concept and resolve the issues noted above. However, unless the information system and the evaluation concept are developed simultaneously, HEW runs the risk of developing a theoretically sound but operationally impractical concept. (See pp. 65 and 66.)

## CHAPTER 1

## INTRODUCTION

States receive Federal funds under title IV of the Social Security Act, as amended (42 U.S.C. 620), to establish, extend, or strengthen the child welfare services provided by State and local welfare agencies. These services are specifically authorized under title IV-B of the act and are defined therein as

> "* * * public social services which supplement, or substitute for, parental care and supervision for the purpose of (1) preventing or remedying, or assisting in the solution of problems which may result in, the neglect, abuse, exploitation, or delinquency of children, (2) protecting and caring for homeless, dependent, or neglected children, (3) protecting and promoting the welfare of children of working mothers, and (4) otherwise protecting and promoting the welfare of children, including the strengthening of their own homes where possible, or where needed, the provision of adequate care of children away from their homes in foster family homes or day-care or other child-care facilities."

In addition, aid to families with dependent children (AFDC) program (authorized under title IV, part A, of the act) provides services 1/ to children up to age 21 in program-eligible families, including children deprived by the death, desertion, disability, or unemployment of a parent. Included are the child welfare services authorized under the title IV, part B, program, as well as counseling and referral services for job training or job placement.

### LEGISLATIVE HISTORY

The Federal Government has promoted the welfare of children since 1912. The major child welfare legislation is summarized below.

The Congress, by the act of April 9, 1912 (42 U.S.C. 191), established the Children's Bureau as part of the Department of Commerce and Labor to be responsible for investigating and reporting on all matters pertaining to the welfare of children. It was concerned primarily with infant mortality, the birth rate, orpharages, juvenile courts,

1/As of October 1, 1975, the social services program included under title IV, part A, was transfered to title XX of the act.

desertions, dangerous occupations, accidents and diseases of children, employment, and legislation affecting children. The Children's Bureau became part of the newly created Department of Labor in 1913 and consisted of three divisions: Social Services, Health Services, and Child Labor.

The Social Security Act of 1935 (Public Law 271, 74th Cong.) established child welfare services as a specific program (title V, part 3) and authorized the Federal Government to cooperate with State public welfare agencies in establishing, extending, and strengthening services for protecting and caring for homeless, dependent, and neglected children and children in danger of becoming delinquent. The emphasis then was on children in predominantly rural areas.

In 1946 the Social Services and Health Services Divisions were transferred to the Federal Security Agency. The Child Labor Division remained in the Department of Labor. In 1953 the functions of the Federal Security Agency were transferred to the newly created Department of Health, Education, and Welfare (HEW).

Child welfare services were gradually affected by the following amendments to the Social Security Act:

--1958 amendments (Public Law 85-840) eliminated from part 3, title V, references to providing services in predominantly rural areas and areas of special need.

--1960 amendments (Public Law 86-778) authorized research or demonstration projects on child welfare.

--1962 amendments (Public Law 87-543) included a definition of child welfare services and specified July 1, 1975, as the date by which the States were to make the services available to all children in need.

The 1967 amendments to the Social Security Act (Public Law 90-248) transferred child welfare services from title V to title IV, part B. One purpose of these amendments was to coordinate child welfare services under title IV, parts A and B. These amendments also required State and local agencies to maintain a single organizational unit to administer services to children under both parts.

In 1969 the budget authority for title IV, part B, was increased. The Secretary of HEW established the

Community Services Administration (CSA)[1] within the Social and Rehabilitation Service (SRS) and gave CSA responsibility for administering the child welfare services program. Responsibility for administering the provisions concerning maternal and child health and services to crippled children was transferred to the Public Health Service, and the Children's Bureau was transferred to the Office of Child Development (OCD) in the Office of the Secretary of HEW. Also, the Children's Bureau shared responsibility with CSA for administering the provisions concerning child welfare research and demonstrations.

ADMINISTRATION

CSA is responsible for administering the child welfare services program at the Federal level. CSA is to stimulate and guide the development of social services for eligible families and children and to help the States set up programs at the community level.

The States are primarily responsible for initiating and administering child welfare programs. Each State must have a plan describing the scope and type of services to be provided. The plan must be approved by CSA before the State is eligible for Federal funds.

The Social Security Amendments of 1962 require that the State plan must assure progressive extension of child welfare services so that they would be available in all political subdivisions by July 1, 1975, for all children in need. SRS regulations require States' programs to make annual progress in one or more of the following areas

--covering additional political subdivisions,

--reaching additional children in need of services,

--expanding the range of services provided, or

--improving the quality of services through additional trained child welfare personnel.

The SRS publication "Guide on Federal Regulations Governing Service Programs for Families and Children" includes the following statements on requirements (established by the 1967 amendments to the Social Security Act) that State and local agencies maintain a single organizational unit to administer services to children under title IV, parts A and B.

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[1]Name changed to Public Services Administration in January 1976.

"There must be an identifiable single organizational unit in State and local agencies responsible for furnishing services. The purpose of this legal mandate is to assure a unified program of services in both AFDC and CWS [Child Welfare Services] without any differences in the quality of a particular service to AFDC and CWS cases. This means there may be no duplicate staffs separately providing the same services to AFDC and CWS cases."

* * * * *

"A single unified program of services in AFDC and CWS does not preclude differential assignments of staff in State and local single organizational units for specialized family and child welfare services, e.g., protective service, foster care, adoption service, or services for seriously disordered families, provided such staff equally relate to both AFDC and CWS cases requiring such services."

In summary, child welfare services must be provided without regard to the source of funding (whether Federal under title IV, part A or B, or State or local).

FUNDING

Federal funding for child welfare services is categorically authorized under part B and implicitly authorized under part A of title IV of the Social Security Act.

Title IV-B program

This program is specifically identified as child welfare services which, for example, have included foster care, day care, and homemaker services. Annually each State receives Federal funds of $70,000 plus an amount determined from a matching formula.[1]

The following table shows the funds authorized and appropriated in recent years for child welfare services.

---

[1] This formula takes into account the State's child population under age 21 and the State's per capita income.

| Fiscal year | Authorization | Appropriation |
|---|---|---|
| | (millions) | |
| 1969 | $100 | $46.0 |
| 1970 | 110 | 46.0 |
| 1971 | 110 | 46.0 |
| 1972 | 110 | 46.0 |
| 1973 | 196 | 46.0 |
| 1974 | 211 | 47.5 |

For fiscal years 1969 through 1974, Federal funds accounted for less than 10 percent of the annual expenditures associated with the title IV-B program.

Title IV-A program

This program is funded on a matching basis. There is no specific designation of the amounts of the program funds for child welfare services.

Estimate of total expenditures for child welfare services

In February 1973 Touche Ross and Company, under a contract with HEW, published a report entitled "Cost Analysis of Social Services Fiscal Year 1972." This report showed that the title IV, part B, expenditures during fiscal year 1972 were about $532 million, of which the Federal share was $46 million or 8.6 percent.

This report also showed that during that time title IV, part A, expenditures for services (adoptions, child foster care, services to unmarried mothers, child protection, child care, child rearing, and delinquency prevention), which may be specified as child welfare services, were about $885 million, of which the Federal share was about $637 million or 72 percent.

Based on the above estimates, total expenditures for child welfare services were well over $1 billion, of which the Federal share was about $683 million during fiscal year 1972.

## CHAPTER 2

## GAO EVALUATION METHOD AND SCOPE OF WORK

### APPRAISING A CHILD'S SITUATION

We found no means being used or proposed for assessing, at specified intervals, the extent of change in and the adequacy of a child's situation. To measure the progress of children accepted for services requires some comparison of the child's situation when accepted with the child's situation after receiving services. We defined a child's situation as a combination of the child's caregiving[1] arrangement and personal condition. We established subcategories of these two factors and thereby described each element in the grid below.

| Child's caregiving arrangement | Child's personal condition | | | |
|---|---|---|---|---|
| | Critical | Serious | Fragile | Satisfactory |
| Satisfactory | | | | |
| Fragile | | | | |
| Serious | | | | |
| Critical | | | | |

These descriptions are "child oriented," not "program objective oriented." That is, a thriving child in foster care is categorically equivalent to a thriving child living with natural parents, whereas the latter situation is much better program wise if for no other reason than no foster care costs are involved. We developed descriptions of the subcategories after consulting specialists and caseworkers experienced in child welfare services. In summary, the situation of a child at specified points in time can be portrayed as a grid position which is a combination of the subcategories described below.

Child's caregiving arrangement: The attitudes, emotional capacities, and economic performance of the caregivers legally responsible for the child.

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[1]For purposes of this report, the word "caregiver" and variations of it have been used to refer generally to a person serving as a parent or guardian for a child. The term "caretaker" was rejected because parents are usually not considered as their child's caretakers and this role is also generally considered as an employed position.

Critical situation: When the caregivers legally responsible for the child are not concerned about the welfare of the child and the child is in immediate personal danger.

Serious situation: When the child is being provided minimal care (including physical protection, guidance, and/or nutrition).

Fragile situation: When there is a potential danger for the child because problems of the caregivers legally responsible for the child have not been resolved. Caregivers are aware of problems and may be receiving treatment.

Satisfactory situation: When suitable parental and social supports are being provided to the child.

Child's personal condition: The physical and emotional well-being of the child.

Critical condition: When the child has been physically injured or sexually molested or exhibits severe emotional or behavioral problems.

Serious condition: When the child exhibits patterns of behavior which have a negative effect upon social, physical, and/or mental functioning.

Fragile condition: When the child has an emotional, physical, mental, or behavioral problem but is responding to treatment.

Satisfactory condition: When the child is functioning well within the family and community.

## OBTAINING INFORMATION ABOUT CHILDREN ACCEPTED FOR SERVICES

We developed a questionnaire and accompanying guidelines for extracting information from samples of case files and for judging the child's situation at case opening and closing (or at the time of last contact by the caseworker for cases still open at the time of our fieldwork). To protect the privacy of the selected children and their caregivers, we have limited our presentation of specific case information. Consequently, there is insufficient information to enable any reader of this report to form a personal opinion about the reasonableness of our individual judgments.

## SITE SELECTION

Our selection of locations to visit was based on two kinds of information--one quantitative, the other qualitative.

We selected Colorado, New Mexico, New York, and Texas on the basis of quantitative information. This quantitative information base contained factors having reported or computed values which we assumed to be most likely related to program accomplishments within a State. These factors were the child population, the number of children in broken families (absence of at least one parent) or in families whose incomes were below the poverty level, the annual number of children served, and an indicated expenditure per child per year. We assumed that significant differences in accomplishments might be discovered by comparing those associated with locations having a relatively large value of one or more of those factors with accomplishments associated with locations having a relatively small value of that factor or factors.

We selected Hennepin County, Minnesota, and the State of Florida on the basis of qualitative information. In hearings on S. 1191, enacted as the "Child Abuse Prevention and Treatment Act" (Public Law 93-247, Jan. 31, 1974), witnesses testified that Hennepin County was considered to have the best child protection program in the Nation under public welfare auspices and that one example of an exemplary State program was then considered to be operating in Florida. Appendix I summarizes the bases for our selection of locations.

Within Colorado, New Mexico, Texas, and Florida, we selected two counties which, on the basis of population, enabled us to compare accomplishments between a relatively large county and a relatively small county. We selected the Bronx in New York City as being a political subdivision equivalent to a county in other States.

The relevant location characteristics for analysis purposes are shown in appendix II. In all, we selected 10 locations in 6 States.

## SAMPLE SELECTION

To enable us to search for a trend in program accomplishments over time, we selected sample cases from each of 10 locations from the cases opened during each of the following periods: January through June 1972, July through December 1972, and January through June 1973. If total cases exceeded 30, a sample of 30 cases was randomly chosen. Otherwise the universe was selected.

We had to assume that this sampling would provide sufficient data to detect major differences in program accomplishments at the county level because we discovered no precedent for assessing the impact of child welfare services on children in the manner we were attempting. Cases which did not involve services to children were excluded from our universe of cases. For example, a caseworker's record on potential foster parents was excluded.

In cases involving more than one child receiving services, we selected the child whose situation was recorded as the reason for the referral for services. When the case record did not identify such a child (as was generally the situation in child neglect cases), we randomly selected one child from the set of children. Data extracted from the case file was limited to the selected child.

We examined case records and discussed them with local child welfare agency officials. We also discussed program activities with State officials and with HEW regional and headquarters officials.

ANALYTICAL EFFORT

Our data collection and analysis arrangements were designed to allow us:

--To calculate the percentage of children in given situations under various circumstances when accepted for child welfare services.

--To calculate the percentage of children in given situations under various circumstances when child welfare services cases were closed.

--To search for statistically significant differences in the situational change of children from case opening to closing when data is aggregated on the basis of some assumed relevant fact (such as differences in county child populations or the ages of children when accepted for service).

--To search for some statistically indicated trend over time for various factor values (some associated with the situational characteristics of children accepted for services and others associated with program characteristics).

We examined national data to discover and illustrate what can be learned about the number of children in need of assistance and about program performance at the national level.

We tested the statistical significance of differences (between statistical distributions or statistical estimates of parameters) at the 95-percent assurance level.

We have limited our data presentation to that which shows important characteristics of children accepted for services or provides some insight into the process of delivering child welfare services and their impact on the situation of children served. We planned to select 900 child welfare service cases (30 for each of the 10 locations for each of the 3 time periods included in our review). However, in 1 county only 56 cases were available. Also, in 142 unwed mother and/or adoption cases, we obtained insufficient data for assessing the effects of services. Therefore, our reporting data base was limited to the information we extracted from the case file of each of 724 children selected from what we considered to be protective service cases; that is, cases involving children whose rights and welfare were generally judged by a caseworker to be in need of safeguarding.

## CHAPTER 3

## VIEWS ON PROGRAM ACCOMPLISHMENTS AND PROBLEMS

Officials at various levels of government gave us their views on what the child welfare services program has accomplished. The Acting Commissioner, CSA, said that his agency had insufficient information to determine which States, if any, would reach the goal of having child welfare services available in all political subdivisions by July 1, 1975. In the States we visited, we found no records which indicated whether the States had achieved or were achieving the goal established in legislation. Program accomplishments, as perceived by the officials of the agencies we visited and by respondents to a CSA survey, follow.

### HEW REGIONAL OFFICIALS

Officials of the five HEW regional offices visited said they had not measured program accomplishments in any of the States under their jurisdictions. In some regions officials did not comment on accomplishments because they were not sufficiently involved in the program. In other regions officials stated that child welfare services had been steadily increasing in numbers of recipients and types of services offered.

### STATE OFFICIALS

State social service officials monitor child welfare programs to assure that local agencies comply with State policies. However, the monitoring acitivites did not include program evaluations because the States had not developed criteria for determining whether services were effective. Instead, the States' efforts had been directed toward such activities as developing criteria for licensing and certifying foster care facilities, designing service reporting systems, and establishing recordkeeping and caseload standards. According to State officials, child welfare programs were successful; the number of families and children served by social service agencies had increased, and the quality of the services provided had improved.

State officials stated that child welfare services were available in all political subdivisions because the social workers in the welfare office in each county serve child welfare cases brought to their attention. These officials said that welfare offices provided these services in each political subdivision before their being required to be so available by July 1, 1975.

## LOCAL OFFICIALS

The evaluations by local child welfare officials were primarily concerned with such areas as maintenance of case files, service planning, and service delivery. As major accomplishments of the child welfare programs they cited:

--A 24-hour telephone hot-line established to receive referrals.

--Increases in both the number and availability of caseworkers.

--Improvements in intake procedures.

--Specialized protective service units.

--Increases in the number and quality of foster homes.

--Improved working relationship with other community organizations involved in child welfare problems.

## SOME VIEWS BY RESPONDENTS TO A CSA SURVEY

At the request of CSA headquarters officials in September 1973, HEW regional staffs interviewed supervisors and workers in public welfare departments in 10 States and 30 communities. (Included were three States and two communities we visited.) The objective was to obtain information on problems in providing services to abused and neglected children for use in program planning and to serve as a basis for improving delivery of services and for developing an evaluation system.

We examined the contents of the regionally prepared interview results and selected the following CSA survey topics and respondent opinions as being noteworthy. We have included some remarks about how we viewed those topics and opinions.

### Major problems in serving abused and neglected children and their families

CSA survey respondents cited the following problems which are consistent with some we detected:

--The general public cannot recognize early signs of abuse and is reluctant to report abuse until it has reached a point of crisis.

--The public lacks knowledge about what occurs after a case is reported.

--Some consolidated community resources are needed to work at prevention as well as to assist in delivering services to abuse and neglect cases.

Other factors listed as major problems were a lack of funding, excessive caseloads, and a nonsystematic approach to training caseworkers.

GAO remarks

While insufficient funding can be considered a cause of any major problem, there may also be excess expenditures in program areas lacking major problems. We had no basis for determining whether available funding was being optimally expended on all program efforts. Therefore, we made no judgment about funding adequacy.

Improvements in State law are needed

Although each CSA-surveyed State had a law covering the reporting of child abuse and neglect, these laws needed improvements in:

--Reporting and specifically identifying cases of emotional neglect and abuse.

--Extending the reporting requirement to any person having reasonable cause to suspect child abuse or neglect.

--Clarifying the issue of child abuse and neglect by a "third party" (for example, a school teacher or day care operator).

--Requiring an attorney to represent the child.

--Mandating a post mortem for child deaths.

--Clarifying the rights of children.

GAO remarks

Any State law covering the reporting of child abuse and neglect is primarily an effort to increase the number of noncaregiver referrals of abused or neglected children. While such referrals are preferable to no referrals, our analysis indicates that such referrals have generally been too late to prevent the involved children from experiencing a situation

from which considerable improvement was difficult. For this reason, efforts to increase the number of assistance requests by caregivers appear to be worthy of higher priority than efforts to improve laws to increase the number of noncaregiver referrals of abused or neglected children.

Major findings of State evaluations

Respondents in the CSA survey listed the following items as generally effective in reducing the severity of abuse and neglect and in preventing recidivism:

--The multidisciplinz team approach.

--Group sessions among parents who have abused or neglected children.

--Psychiatric help for parents having the capacity to use it.

--Homemaker services through the education of parents in child rearing and homemaking.

--Emergency 24-hour shelter.

In response to a related CSA survey question concerning the ideal elements of a successful program, respondents included:

--Requiring all high schools to provide a course on adequate parenthood.

--Focusing on child care problems and parent-child relationships in a day care program structured for parents and children.

--Providing neighborhood programs that include recreation, education, and socialization for parents.

--Establishing local child advocacy groups.

--Mandating visits by county health nurses to homes with children under age 2 or 3.

GAO remarks

We found insufficient information in case records for determining the effects of particular services. The ideal elements of a successful program are more supportably obtained through cause and effect relationships developed from valid

evaluations of the well-being of children. Such relationships had not yet been developed. The elements listed above may be potentially more worthwhile areas for the focus of HEW's research, demonstration, and evaluation efforts.

State fiscal support was limited

Respondents to the CSA survey generally agreed that State fiscal support was limited.

--Legislatures view the State agencies that provide social services more as "dole" organizations rather than as providers of worthwhile social services.

--Legislatures are sensitive to the needs of children but punitive toward apparently irresponsible parents.

GAO remarks

State fiscal support has possibly been related to a legislature's ability to perceive the number of children in an unsatisfactory situation in the State and the number of children whose situation might be improved by spending funds for particular child welfare activities. Until State and local officials have quantitative estimates of the need for and effects of those activities within their respective jurisdictions, assessments of the appropriateness of funding levels are not apt to be adequate. HEW has an important role in developing and providing State and local officials with valid means for obtaining those quantitative estimates.

Federal role should be expanded

Respondents to the CSA survey commented that the Federal role should be expanded in:

--Training personnel engaged in child protection.

--Technically assisting in collecting and analyzing data, determining the effectiveness of services, and improving service provision.

--Specifying program standards.

--Maintaining a national registry for assessing the extent of problems and variations among geographical areas.

--Providing a continuing public education program.

--Encouraging State departments of education or public instruction to make a federally financed program of education in family and independent living a required credit for high school graduation.

GAO remarks

The Federal role could be more formally examined biennially and recommendations for changes in that role could be based on estimates of the expected effects on the well-being of children in the Nation.

## CHAPTER 4

## SITUATIONS OF CHILDREN ACCEPTED AS NEEDING PROTECTIVE SERVICES

Our analysis of information obtained from 724 child protective service cases showed that:

--A child was generally in a serious or critical situation at case opening.

--A child's situation generally improved after case opening, and the percentage of younger children achieving improvement was significantly greater than that of older children.

--Nearly two-thirds of the children had been placed outside their home for some time after case opening.

### MAJORITY OF CHILDREN IN SERIOUS OR CRITICAL SITUATION AT CASE OPENING

The highlighted portion of the following table shows that 64 percent of 714 (the situation of 10 of the 724 selected children was unknown) children accepted for services were, in our opinion, in a serious or a critical situation, in terms of both caregiving arrangement and personal condition, at case opening.

| Child's caregiving arrangement | Child's personal condition | | | |
|---|---|---|---|---|
| | Critical | Serious | Fragile | Satisfactory |
| Satisfactory | 2 | 1 | 1 | 2 |
| Fragile | 4 | 5 | 5 | 2 |
| Serious | 12 (64) | 27 | 6 | 5 |
| Critical | 19 | 6 | 2 | 1 |

We classified our sample protective service cases into the following types: (1) child abuse, (2) child neglect, (3) child in need of caregiver, and (4) adolescent problems. By grouping cases on that basis as well as by child's age, we obtained:

| Type of case | Years of age | | | | Totals |
|---|---|---|---|---|---|
| | 0 - 5 | 6 - 13 | 14 - 17 | 18 - 21 | |
| | (percent) | | | | |
| Child abuse | 30 | 24 | 21 | 13 | 25 |
| Child neglect | 36 | 38 | 12 | 7 | 29 |
| Child in need of caregiver | 32 | 24 | 17 | 47 | 25 |
| Adolescent problems | 0 | 11 | 48 | 27 | 19 |
| Other (note a) | 2 | 3 | 2 | 6 | 2 |
| Total | 100 | 100 | 100 | 100 | 100 |
| Number of children | 266 | 221 | 222 | 15 | 724 |

[a]Includes primarily the monitoring of foster placement by another county.

The descriptions we used for classifying each case follow.

Child abuse cases

Physical abuse of children in our sample cases ranged from recorded severe beatings without any observable trauma to death. Sexual offenses ranged from molestations (such as fondling) to intercourse, including incest.

Sampled cases included:

--A 13-year old girl referred herself to the welfare agency because her father had been sexually abusing her.

--A 3-year old girl was beaten by her father because she did not live up to his requirements for quiet behavior.

--A 6-year old boy was beaten by his stepfather because the boy had a speech defect and could not talk well.

Child neglect cases

State definitions of what constitutes a dependent and neglected child varied. In addition, the statutory definition of neglect and a social agency's definition are not necessarily alike. The legal definition is relatively fixed while an agency definition changes with new knowledge of the needs and development of children. The following definition guided the Department of Public Welfare in one State:

"The child on whose behalf protective services should be given is one whose parents or others responsible for him, fail to provide, either through their own efforts or through the use of available community resources, the love, care, guidance, and protection a child requires for healthy growth and development; and whose condition or situation gives observable evidence of the injurious effects of failure to meet at least his minimum needs."

We classified a child as neglected when information in the case file indicated that the child was not receiving proper care or supervision from the responsible caregiver. Included were parents who were unable to meet the basic physical, medical, or emotional needs of their children and parents who failed to give a child the love and affection, the sense of belonging, and the security important to proper personality development.

Child in need of a caregiver

Some children were in need of an alternative to care by their natural parents, who either could not or would not provide the needed care. In some instances such a child became a ward of a public agency because the parents refused to have any further contact with the child.

Adolescent problems

Some teenagers were in conflict with parents, peers, or institutions within the community. These youths generally came to the attention of welfare agencies as a result of running away from home or having been declared a "child in need of supervision" by a court of law.

SITUATION OF CHILDREN GENERALLY IMPROVED AFTER CASE OPENING

We were unable to judge the situation at case opening of 10 children in our sample. Of the remaining 714 children, 408 were from cases which had been closed. The situation of these children at case closing was as shown by the percentages in the following table

| Caregiving arrangement | Personal condition | | | |
|---|---|---|---|---|
| | Critical | Serious | Fragile | Satisfactory |
| Satisfactory | 1 | 2 | 8 | 22 |
| Fragile | 1 | 8 | 29 (71) | 12 |
| Serious | 2 | 5 | 3 | 2 |
| Critical | 2 | 2 | 1 | - |

As highlighted, 71 percent of these children were, in our opinion, in a fragile or satisfactory situation in terms of both caregiving arrangement and personal condition.

For cases still open at the time of our fieldwork, the situation of the 306 children at the time of last contact was as shown by the percentages in the following table.

| Caregiving arrangement | Personal condition | | | |
|---|---|---|---|---|
| | Critical | Serious | Fragile | Satisfactory |
| Satisfactory | 1 | 1 | 15 | 23 |
| Fragile | - | 6 | 32 (77) | 7 |
| Serious | 2 | 5 | 3 | 2 |
| Critical | 1 | 2 | - | - |

As highlighted, 77 percent of these children were, in our opinion, in a fragile or a satisfactory situation in terms of both caregiving arrangement and personal condition at the time of last contact.

## IMPROVEMENT OF CHILD'S SITUATION TAKES TIME

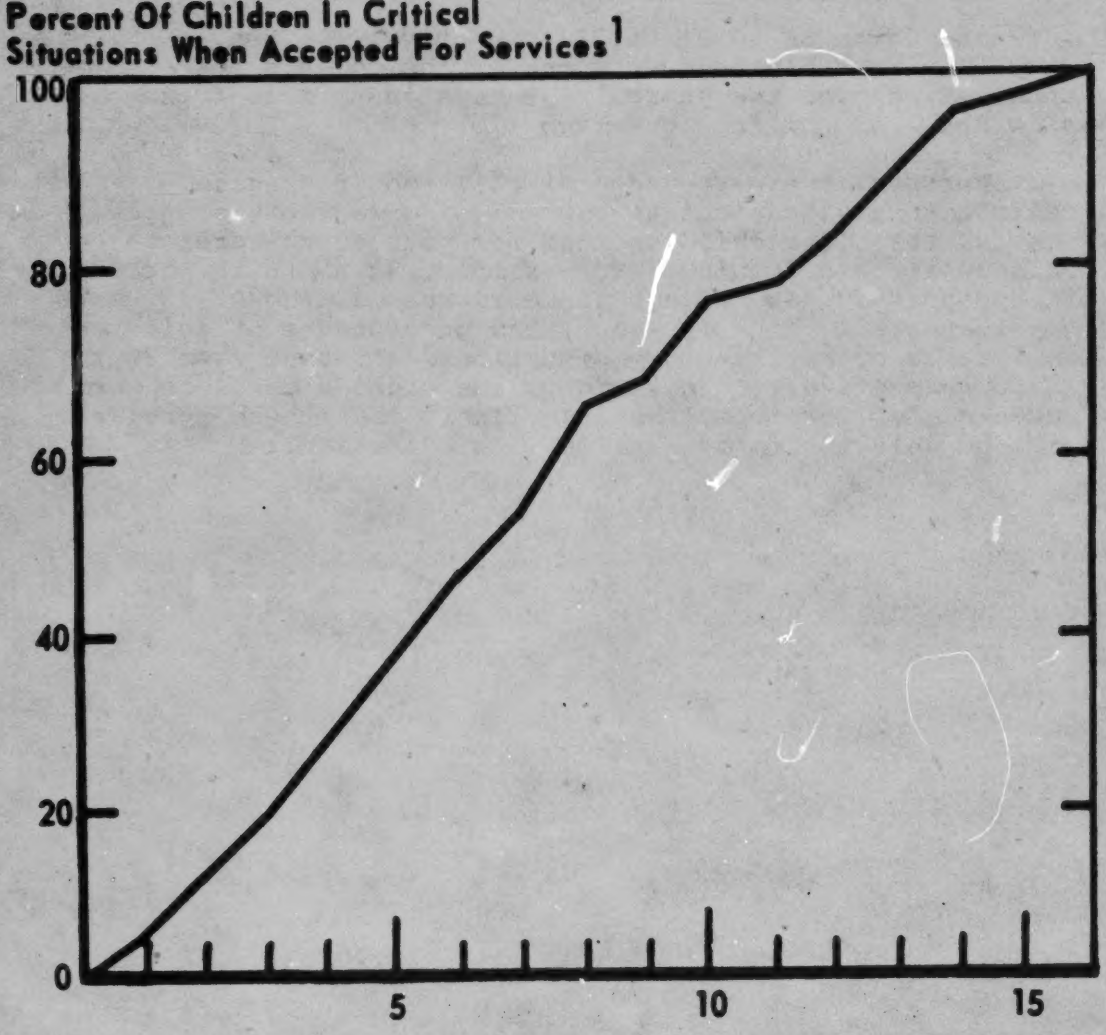
We developed and used a means for producing a qualified estimate of the time elapsed between categorical changes in the situations of children after being accepted for services. Although our data base for producing such estimates was small and relatively nonprecise, our graphic results on page 21 illustrate the situational progress of some children from case opening to case closing. From this graph statements like the following can be made:

> Of the children achieving at least a fragile situation by case closing after having been in critical situations at case opening, an estimated 75 percent accomplished this progress within 10 months.

Estimates such as these could be useful to Members of Congress, governmental administrators, and other persons concerned about the welfare of children.

## IMPROVEMENT IN CHILD'S SITUATION RELATED TO CHILD'S AGE

The percentage of children in serious or critical situations at case opening was consistently greater for older children than for younger children. For example, as shown in the tables in appendix III, as the age range increased from 0 - 5 years to 6 - 13 years to 14 - 17 years, the percentages of children in serious or critical situations




ESTIMATED MONTHS AFTER CASE OPENING FOR CHILDREN TO ACHIEVE AT LEAST FRAGILE SITUATIONS.

[1] *BASED ON CASES CLOSED AT TIME OF OUR REVIEW.*

increased from 56 to 64 to 77 respectively. Thus, a child's situation probably becomes worse as the child's need continues unsatisfied over the years. (We have insufficient cases to show data for children over age 17.)

Further, the percentage of children in fragile or satisfactory situations at case closing was consistently smaller for older children than for younger children based on ages at case opening. For example, as shown in the tables in appendix IV, as the age range increased from 0 - 5 years to 6 - 13 years to 14 - 17 years, the percentages of children in fragile or satisfactory situations decreased from 86 to 77 to 53 respectively. In summary, the older a child is when accepted for services, the less likely that these services will be able to improve the child's situation.

## CHAPTER 5

## LOCAL-LEVEL OBSTACLES TO GREATER ACCOMPLISHMENTS

Child welfare services were not achieving greater accomplishments partially because of several local-level obstacles. On the basis of interviews with caseworkers and agency officials as well as deductions from some of our analytical results, we believe that the more significant local obstacles were:

--Lack of awareness of program services by parents or legally responsible caregivers, relatives, and school personnel.

--Caregivers electing to resist assistance.

--Insufficient availability of appropriate resources.

### LACK OF AWARENESS OF PROGRAM SERVICES

For the children in our sample, the referral sources were:

| Child's age | Referral source | | | | Number of children |
|---|---|---|---|---|---|
| | Child | Parent | Other (note a) | Totals | |
| | (percent) | | | | |
| 0 - 5 | 0 | 15 | 85 | 100 | 266 |
| 6 - 13 | 2 | 15 | 83 | 100 | 221 |
| 14 - 17 | 9 | 13 | 78 | 100 | 222 |
| 18 - 21 | 20 | 7 | 73 | 100 | 15 |
| | | | | | 724 |

[a]One of the following sources: relative, neighbor or friend, unit of a public welfare agency, court or probation officer, police, hospital or health agency, school, other community agency, out-of-county referral, or anonymous.

The predominant referral source was "other" or intervention. We believe that intervention occurs only when a child's situation becomes noticeably serious or critical. This is consistent with the data display on page 17 which, as we noted, shows that 64 percent of children accepted for services were, in our opinion, in either a serious or a critical condition.

Caregivers are not likely to seek assistance for a child until they recognize that they are not adequately satisfying the needs of the child and until they know that assistance

can be obtained. The welfare agencies in the States we visited were making some effort to inform the community about their child welfare programs. These efforts included:

--Speeches by agency officials to various groups.

--Brochures that were generally available at the agency.

--Spot radio and television announcements which gave the public a telephone number to call to report a child abuse case.

Local education had limited success

We tested the adequacy of the local agencies' community education programs by analyzing responses to questionnaires we mailed to 150 residents selected randomly from community telephone directories in each of the 10 counties visited. The number of respondents varied from as few as 20 in [illegible] county to as many as 52 in another county. The percentage of respondents stating that they were not aware of child welfare services ranged from 48 to 72 percent.

We also used questionnaires to obtain opinions from 264 protective service caseworkers in 10 agencies about their agencies' efforts to educate the community.

--Seventy-two percent of these caseworkers believed that agencies' programs were not adequate to increase community awareness of child welfare functions.

--Eighty percent of these caseworkers believed that most community residents did not know the kind of assistance protective services provided in various situations involving the welfare of children.

Florida's outreach effort did not significantly increase referrals

We examined efforts by Florida because it was cited during testimony before the Subcommittee on Children and Youth, Senate Committee on Labor and Public Welfare, in March 1973, as follows:

"The Florida system is supported by an extensive public education campaign utilizing TV, radio, newspaper, and billboard advertisements. The space in these media are provided as a public service. All telephone directories list the 'hotline' number among their emergency telephone listings along with police and fire company numbers.

"The net effect of this has been to very sharply increase the number of reporting cases."

Florida began the outreach effort in October 1972. We obtained and compared statistics on monthly referrals for the following periods:

--March 1972 through September 1972 (before the outreach effort), period 1.

--October 1972 through April 1973 (the first 7 months of the outreach effort), period 2.

--March 1973 through September 1973 (seasonally the same as the first period but during which some effects of the outreach effort might be occurring), period 3.

The average number of monthly referrals for period 2 was 2,119, which was 446 less (but not significant statistically) than the average monthly referrals of 2,565 for period 1. This difference could have been influenced by some unspecified seasonal phenomena. Although monthly referrals for period 3 averaged 2,650, this increase of 85 over period 1 was not statistically significant. From this, we conclude that there were no statistically significant increases in the average number of referrals following the outreach effort. The actual effects of that effort remain unknown.

## Some warranted referrals were not being made

Pediatricians, visiting nurses, kindergarten and primary school teachers, and the like are in a position to notice children displaying early symptoms of maladjustment and deviation that may be indications of abuse and neglect. These sources--particularly in schools--were sometimes not making referrals when warranted. A sample case in which school personnel detected a child in need but neglected to involve the local child welfare agency follows.

The D case--D was a 10-year-old girl referred to the welfare agency by the police. A neighbor had called the police to report that the girl had been left unattended. A police investigation disclosed that the girl was being sexually abused by her father and her two brothers. The girl was taken from her father (the girl's mother was deceased) and placed in a foster home.

The welfare agency contacted the school that the girl had attended for 3 years. A school official advised the agency that the girl seemed perpetually hungry and regularly snatched lunches from other children. She was a chronic liar, disobedient, and foul-mouthed. She frequently arrived at school so dirty that they would take her into the office to clean her. Sometimes they gave her clean clothes as well. The case file stated "Thus, a picture of massive physical and emotional deprivation at the hands of [the] father emerges."

The welfare agency could have had an opportunity to help this girl before police involvement if the school had contacted the agency after noticing the persistence of neglect. Teachers are in a position to notice the signs and symptoms which point to the possibility of child neglect and can bring the matter to the attention of school authorities who can then contact the welfare agency. Schools referred only about 6 percent of the 724 cases we reviewed.

School officials in each of the counties visited informed us that more referrals were not made for one or more of the following reasons.

--Lack of formal school procedures for handling suspected cases of child abuse and neglect.

--Reluctance by school officials to involve the welfare agency, except as a last resort, because of the possibility of losing the confidence of families.

--Unawareness by school officials of the protective services program.

--Belief of school officials that there was a stigma associated with being referred to the welfare department.

In 1 of the counties included in our review, we visited 8 schools which referred 38 cases to the welfare agency. After discussing the extent of child welfare services with

officials in these schools, they stated that they could have referred about 88 additional cases if they had been fully aware of what services were available.

The reasons local welfare agency officials gave for not having a more active community education program, which would reach school officials as community residents, were a lack of:

--Expertise to implement such a program or the funds to contract for such services.

--Time to devote to this issue because they were too busy dealing with crises.

--Child welfare funds or staff for handling the additional demands such a program would create.

We did not assess the validity of those reasons. However, we believe that the lack of community awareness somewhat detracts from the claims by State officials that child welfare services were available in all political subdivisions. We question the extent that services can be considered available to persons who do not know of their existence.

CONSEQUENCES OF LATE REFERRALS

The community organizations making the most referrals to the welfare agencies were the police, hospitals, and courts. The percentage of referrals that came from these sources in our sample of 724 cases follows.

| Source | Percent |
|---|---|
| Police | 17 |
| Courts | 10 |
| Hospitals | 14 |
| Total | 41 |

The child's situation at case opening and categorized by referral sources are shown for 720 of our sampled children (because the referral source for 4 children was unknown) in the following tables as percentages of the specified number of children. We examined these tables to find any situations which provided statistical support for the assumption that a child's situation is worse when the referral source is other than the child or parent.

Child or parent as referral source

| Caregiving arrangement | Personal condition | | | |
|---|---|---|---|---|
| | Critical | Serious | Fragile | Satisfactory |
| Satisfactory | 2 | 2 | 1 | 1 |
| Fragile | 2 | 4 | 8 | 5 |
| Serious | 7 | 34 | 9 | 8 |
| Critical | 13 (24) | 4 | 0 | 0 |

Number of children: 129

Referral source other than child or parent

| Caregiving arrangement | Personal condition | | | |
|---|---|---|---|---|
| | Critical | Serious | Fragile | Satisfactory |
| Satisfactory | 2 | 1 | 1 | 3 |
| Fragile | 4 | 3 | 5 | 1 |
| Serious | 13 | 25 | 7 | 4 |
| Critical | 20 (41) | 8 | 2 | 1 |

Number of children: 591

These tables show that the percentage of children (41 percent) in the highlighted area at case opening when the referral source was other than a child or a parent is statistically larger than the percentage of children (24 percent) in the same highlighted area when the referral source was a child or a parent. In other words, there is some statistical support for the assumption that a child's situation is generally worse when referral is by intervention. This statistical support fades when comparison is made on the basis of the total percentages obtained by extending the highlighted area to include the percentages of sampled children judged to have been in a serious caregiving arrangement and a serious personal condition, which combined condition we have included in some other comparative analyses. One explanation for this fading is the relative sizes of the number of children on which the percentages in each table were based and the large percentage of total children accounted for in each table when the serious situation is included for comparison purposes.

More problems in the home

We analyzed the number and types of problems which existed in the home at the time the case was opened. We found that the number of problems per home was greater when children were in a worse situation at case opening (details on the number and type of problems are included in appendix V).

More services are provided

From case files we determined the services provided the child and the caregivers for our sampled cases and aggregated this information on the basis of the child's situation at case opening. Data on the distribution of services provided children and caregivers is shown in appendix VI. As the degree of a child's situation was worse at case opening:

--The average number of services per child increased from 1.5 to 2.2. This increase is only an indication of the amount of change in services' effort since the files did not contain information about the intensity (for instance, hours spent counseling in a week) of the delivery of each service.

--The percentage of children who did not require services (although their caregivers required services) decreased from 6 to 0 percent.

--The percentage of caregivers who did not require services (although their children required services) decreased from 16 to 2 percent.

In general, the data shows that increased effort (which probably corresponds to increased costs) was provided as the child's situation was worse at case opening.

Situation of some children continued to decline after the case opening

The data displays in appendix VII were selected on the basis of the child's situation at the time cases were opened. As highlighted in schedules 1 and 3 of the appendix, the situation of some children accepted for services in what we classified as a serious caregiving arrangement and a serious personal condition deteriorated either to a critical caregiving arrangement or a critical personal condition. However, as also highlighted in schedules 2 and 4, no children accepted for services in what we classified as a fragile caregiving arrangement and a fragile personal condition deteriorated any further in either aspect. These observations support the need to detect problems at an early stage and to assist children before their situation worsens.

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In summary, children in need or their caregivers were seldom the source of referral. We believe that often they were not aware of assistance available through child welfare programs. There is some statistical support for the assumption that a child's situation is generally worse when referral is by intervention. As a child's situation was worse at case opening:

--the child's situation was generally a multiproblem one and

--many services were needed.

A child's situation may continue to deteriorate when that situation was already serious at case opening.

## RESPONSIBLE CAREGIVERS MAY EVADE OR RESIST ASSISTANCE

After a child is determined to be in need of assistance by a child welfare agency, the legally responsible caregivers can effectively evade or resist offered assistance.

In 92 of 408 closed cases (the situation of 9 of our 417 children selected from closed cases was unknown), the cited reason for closing was "moved out of county." Our examinations showed that a statistically greater proportion (about 64 percent) of these 92 cases included a child in a serious or critical situation at case opening when compared to the proportion, about 56 percent, of cases which included a child in a serious or critical situation but were closed for a different reason. Although movement out of a county would be consistent with some action to escape intervention, we cannot discount the possibility that frequent movements might contribute to a child in need rather than being a consequence of such a situation.

In some instances (41 cases of 408 closed cases), the legally responsible caregivers merely refused to accept or permit the delivery of services for the benefit of the child involved. When the caseworker had an insufficient basis for court action on behalf of such a child, the case was closed.

## LIMITED USE OF SPECIALISTS

As disclosed by our review of case files and as expressed in publications of the American Humane Association, caseworkers must answer the following questions in a typical case.

--Is the child's physical or mental well-being in danger?

--Can the parents use help in taking the necessary steps to correct detrimental conditions?

--Should legal actions be initiated to remove the child from a damaging situation?

--What are the physical, social, intellectual, and emotional problems of the child?

--What marital difficulties are present?

In effect, child welfare caseworkers are expected to make legal, medical, and psychiatric decisions and to provide and implement a plan for treatment of the problems which led to the abuse, neglect, or delinquency.

Specialists, such as doctors, psychiatrists, and psychologists, were generally not directly involved in formulating treatment plans. Their activity was generally limited to providing examinations or other services that were requested. The caseworkers then used the information as they deemed necessary.

Officials of the welfare agencies we visited recognized the value of the assistance of specialists to develop treatment plans for protective service cases. For instance, one official believed the following benefits would result from such assistance.

--Better diagnosis of the underlying family problems.

--More precise and thorough planning of the services needed.

--Increased credibility with the family needing services.

--Increased credibility and a better image in the community.

However, county welfare officials said it was not always possible to provide such specialists within the funding currently available to the welfare departments.

We attempted to determine from our sample case files the extent to which the lack of specialized assistance hindered the provision of services. However, information in case files was insufficient for assessing the adequacy of treatment plans or the need for the assistance of specialists.

## LIMITED OPPORTUNITIES TO PLACE ADOLESCENTS

Many of the welfare agencies' clients were adolescents who generally came under the welfare agencies' auspices because they ran away from home and were picked up by the police.

Many of these adolescents had behavioral problems, such as being drug users or sexually active. Local officials said that finding quality homes for these adolescents was a major problem; most foster parents were not interested in this type of child. Such youths were often placed in a foster home not suited to their needs or were not provided any placement services.

In each of the counties we visited, more facilities were needed for adolescents who required some type of placement other than a lock-up facility, such as a detention center. Some of the comments we received from local child welfare officials regarding the shortage of adolescent treatment facilities were:

--The only alternative available for a youth who has severe emotional problems and has not commited a crime is a correctional facility for a 60-day diagnostic evaluation followed by a return to the community.

--Specialized group homes, believed preferable for adolescent girls who have failed in foster care, do not exist locally. Other types of facilities outside the county are frequently used--an alternative often more expensive and less satisfactory because family therapy is impossible.

--While placements can be made, they are not always timely or suitable.

--Of the 77 voluntary agencies that assist in placements, only 39 accepted children with emotional or behavioral problems.

The following cases reveal typical consequences of inappropriate foster placements.

The E case--E, a 15-year-old boy, was referred to the welfare agency by a juvenile probation officer in January 1972. E had been placed in a detention home. His parents were separated, and he lived with his mother but did not get along with her. She was an alcoholic. He was immature for his age and had trouble getting along with people.

E was placed in a foster home. The foster mother asked to have him removed within a month because she could not work with him. He was then placed in a receiving home

(an emergency care facility) where he physically abused other small children. The caregivers requested his removal. Before any action was taken, he ran away, was reacquired, and was again sent to a detention home.

Arrangements were made to place E in a "Boy's Town" and, following such placement, the case was closed in June 1972.

The F case--This case involved a 16-year-old girl who was picked up by police for shoplifting and placed in a detention home in one State (State A) after having run away from a foster home in another State (State B). The State B welfare agency had legal custody of the girl and was notified of the situation by the State A welfare agency. The letter to the State B welfare agency indicated that suitable placement of the girl within its jurisdiction was unlikely.

The State B welfare agency replied that it believed the girl should not be returned because the place from which she ran away represented all the bad experiences she had undergone throughout her life and that a fresh start would probably help her. It offered to pay for all placement costs incurred in behalf of the girl.

The State A welfare agency could not find a foster home for her so she was placed in a receiving home. The girl ran away and was again picked up by the police in State A and placed in a detention home. The girl was subsequently returned to the county in State B from which she had run away initially. The caseworker involved in State A told us that a lack of resources for adolescent girls was the major problem in this case.

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The problem of placing adolescents was generally recognized and we believe it is a local obstacle to greater accomplishments in improving the welfare of adolescents.

## CHAPTER 6

## NONLOCAL OBSTACLES TO GREATER ACCOMPLISHMENTS

Child welfare services were not achieving greater accomplishments partially because of the following nonlocal obstacles.

--HEW's evaluation of the well-being of children has been inadequate.

--Benefits from child welfare research and development have been insufficient.

### HEW HAS NOT ADEQUATELY EVALUATED THE WELL-BEING OF CHILDREN

By Federal regulations, HEW may require States to furnish specified reports and evaluations showing the scope, results, and costs of services for families and children under parts A and B of title IV. States have prepared required reports and submitted them, through HEW regional offices, to the National Center for Social Statistics within SRS but, in some instances, certain States had not complied with all reporting requirements. The Center organized and published much of the reported data as "Child Welfare Statistics." However, in our opinion, the usefulness of such statistics was limited by the lack of an accompanying explanation on how the data could be used to assess the well-being of children.

### Program evaluation considerations

We asked CSA to provide information regarding program evaluation of child welfare services. The principal information requested and CSA's August 1973 responses follow.

1. Is there a need for child welfare services which is not being detected?

CSA response. Because of the greater prevalence of stressful conditions in the lives of economically marginal people who lack the means to seek help through private resources, the poor and the near poor more frequently receive public child welfare services than do families of other income levels. There are about 14.4 million children in this country in families whose incomes are at or below 125 percent of the poverty level. Families eligible for AFDC-supported services have about 8 million children. That leaves about 6.4 million poor children who are not eligible for AFDC but who might, in fact, benefit from child welfare services.

2. Are detected needs being adequately satisfied?

CSA response. One of the major problems that has beset the child welfare field in the United States for almost all of its history is the lack of integration of services in communities across the country. Comprehensive planning to meet the needs of all children continues to be an elusive goal. The well-documented emphasis on foster care attests to these generalizations. Due largely to heavy caseloads and inexperienced staff, States have repeatedly chosen to use the relatively convenient but often unnecessary option of placing a child in foster care rather than the more difficult and time consuming option of providing protective services to keep the child in his own home.

It is known that 89 percent of child welfare expenditures are for costly foster care and that 52 of the 54 States and jurisdictions offer foster care services.

3. Does the program have deficiencies which cannot be handled without a change in title IV, part B, or some specific supporting regulations?

CSA response. Adequate funding and an effective information system would eliminate most of the deficiencies in the child welfare services program. Legislative action or changes in the regulations are not deemed necessary at present.

4. What is the impact of child welfare services research and demonstration projects?

CSA response. There is no definitive way in which the impact of child welfare services research and demonstrations can be measured. It is not as great as the quality and quantity of the research and demonstration programs would warrant, largely because of the inadequate emphasis on research utilization. This lack was recognized by SRS and it upgraded its Research Utilization Branch to Division status in June 1972. There are, however, the following indications of the value of the projects funded by the Children's Bureau and later by CSA and the Office of Research and Demonstration, SRS.

--The number of programs of comprehensive services to teenage parents grew from about 20 in 1969 to over 300 in 1973.

--Two recent studies have demonstrated that many severely dysfunctioning families can be helped to keep and care for their children if appropriate

services are provided. The massive services needed are not inexpensive but, in the long run, cost much less than prolonged care in foster homes or residential treatment centers.

--Research has demonstrated: (1) the effectiveness of early adoptive placements, (2) that many children, formerly considered "unadoptable" can, indeed, be placed in adoptive homes, and (3) the need for legislation recognizing the rights of children by early termination of parental rights when indicated.

These responses influenced us to assess these same elements by accumulating and interpreting relevant sample information. The results of our efforts are presented under titles which reflect the underlying obstacles to greater improvements in the well-being of children.

## No validated procedure[1] for estimating number of children in need

Specific information about the number of children in various types of need at specific points in time was lacking. Estimates of the number of children in need have been provided on various occasions. As previously mentioned CSA estimated that as many as 14.4 million children might need help because they lived in families whose incomes were at, or below 125 percent of, the poverty level. Also, Dr. Vincent DeFrancis, J.D., Director, Children's Division, The American Humane Association, in a statement during hearings (before the Subcommittee on Children and Youth, Senate Committee on Labor and Public Welfare) on the Child Abuse Act, 1973, estimated that at least 440,000 children were in some way being abused or neglected. The problem with both of these estimates is that they account for only some of the children, and such partial accounts provide no basis for comparing the number of children in need of assistance with the number of those benefiting from assistance.

Rather than merely noting the absence of that perspective, we developed an illustrative one to experience some of the obstacles in using published statistics not prepared for

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[1] Validating our procedure was not possible because it requires consistent results from repeated use of the procedure. Rather than validate our procedure, HEW should develop a better one and validate it.

estimating the situation of children in the Nation at a specific time. Our extensively qualified perspective is presented as appendix VIII and shows:

--The feasibility of describing some specifically different situations (categories such as critical to satisfactory) in which children live and of showing the involvement of title IV supported assistance.

--The kind of data that might be gathered routinely so that statistical estimates from appropriately classified data can replace the need for deriving estimates for those cateogries.

--An opportunity for program administrators and the Congress to express their judgment on the changes to be made during the next fiscal year in the number of children estimated to be in various unsatisfactory situations.

In our opinion, until data displays (similar to that presented in appendix VIII but using a validated process) are periodically prepared, updated, and provided to Members of Congress and Federal administrators, they will not have a sufficiently specific basis for judging whether the well-being of children in the Nation is satisfactory.

No estimates of accomplishments on program priorities

SRS, in its budget justification for fiscal year 1974, included the following statement of priorities for child welfare services.

"In keeping with the present emphasis on increasing the proportion of children in stable family settings and decreasing the proportion of children in institutional settings, the States are encouraged to follow this hierarchy of priorities:

"A) Prevention of family break-up through parental skills development.

"B) Early detection of family malfunctions and mobilization of supportive services and resources to prevent family break-up and possible removal of children.

"C) Mobilization of services immediately after removal of children to restore the family as a viable unit.

"D) Placement of children for adoption as soon as possible if the family unit cannot be restored and children returned.

"E) Placement of children in stable foster care if adoption is not feasible."

We found no evidence that SRS estimated the extent that these priorities were achieved by the child welfare services program during fiscal year 1974. SRS was not collecting information which could be processed to produce such estimations.

Information extracted from our sample case files provided the following indications of how well child welfare agencies were achieving the SRS priorities.

Prevention of family breakup

Only 40 percent of 721 children in the sample (living arrangements at case opening for 3 of 724 children were unknown) had living arrangements which included both a mother and a father. In other words, for 60 percent of the children the family was broken at case opening. For those children, preventive assistance would have had to be provided earlier.

Mobilization of services

Of the 417 closed cases, 98 were closed because the child was returned to the place of residence when the agency became involved. The average time between case opening and closing for those 98 cases was about 7 months. This average time could be an indication of the extent services were mobilized (that is, the extent that sufficient services were provided quickly to enable return of the child to the place of residence when the agency became involved).

The following cases indicate that a child's situation when a case was opened might preclude the goal of family restoration and thus the mobilization of services for achieving that goal.

The A case. A, a 14-year old girl, was referred to the welfare agency by the police in February 1973. She had requested protective custody because her mother had been beating her with her fist and pulling out her hair. The case file indicated that Mr. W. (A's stepfather) and Mrs. W. were separated and he had filed for divorce. Mrs. W was

quite rigid and extreme in her expectations of A and became angry because A did not get all of her work done.

Mrs. W was not receptive to services and none were provided. She told the caseworker that she was sick and tired of caring for A who believed that her mother did not care whether she returned home or not. During the period April through December 1973 (when we reviewed the case file), the girl was placed: first in a foster home in which placement became unsuitable; next in a receiving home while a more suitable environment was being sought; and, finally, with her stepfather who had remarried.

The B case. B, a 15-year old girl, was referred to the welfare agency by a hospital in April 1973. A doctor who treated her did not feel she should be returned home due to parent-child conflict. The case file showed that she was hospitalized during the previous month because she had taken an overdose of tranquilizers. She was placed in a foster home.

B had been having home problems for about a year. Mr. and Mrs. S. (her stepfather and mother) were seen twice by the caseworker. They were very open about discussing family problems but were not interested in working to get B back in the home. They were very discouraged with her behavior and were relieved to have her out of the home.

The girl's father, who lived in another State, was contacted and he agreed to take her for the summer. She left the foster home in May 1973, and the case was subsequently closed. The file did not indicate what was expected to happen to B when the summer was over.

## Placing children for adoption

Although children are to be placed for adoption as soon as possible when the family unit cannot be restored and children returned, 52 of the 724 children were permanently relinquished and only 6 (12 percent) of them were adopted during the period January 1972 through February 1974 (the end of our fieldwork). For these 6 adopted children, the average time from case opening to adoption was 12 months.

## Stable foster care placement

Of the 724 children, 122 were placed in foster care; the average number of placements for these children was 1.7, or each child was placed about twice. For three children, placement was extremely unstable because they were placed

as many as five times during the period January 1972 through February 1974.

No comparative analyses

SRS was not collecting information which could be processed to identify statistically significant differences between:

--The situation of children accepted for services at different points in time by the same provider of services and by different providers at the same point in time.

--The accomplishments of the same provider at different points in time and of different providers at the same point in time.

--The effects of different combinations of services provided children in particular situations when accepted for services.

By identifying such differences and their probable causes, SRS could provide States with improved insight into what affects:

--The situation of children accepted for services.

--The accomplishments of child welfare services at the county level.

--The combination of services which are likely to be most appropriate for children in particular situations.

We attempted to gain some such insight, using information on the sample of 724 children. By sorting that information according to sample time periods (that is, by case opening date during January through June 1972, July through December 1972, and January through June 1973) and assessing the situation of children when accepted for services and at case closing (or last contact), we had a means of detecting statistically significant differences in each of the first two areas described above. In no case did the results of our comparative analyses indicate a statistically significant difference. However, we considered these results to be inconclusive because we could not rule out the possibility that our sample was too small to represent the actual situation.

We could not compare the different combinations of services provided children in various situations when accepted for services because caseworkers had generally not recorded the amount of provided service. Without such information, little could be learned about the amount of service effort likely to achieve a specific change in a child's situation.

Limited use of national statistics

In addition to evaluating program accomplishments by reviewing case records, we examined national program statistics to determine what might be learned about program accomplishments on a national basis. We used data regarding both the living arrangements of children being provided child welfare services and the capacity of facilities used to provide such services (such as foster family homes) to compute the facility occupancy rates shown on page 42. When we examined such data on a State-by-State basis, we discovered that two States reported about 20 percent more children in foster family homes than their respectively reported capacities. Such indicated overcrowding should be a basis for some CSA effort to determine whether there was overcrowding or data reporting problems.

We also found that the percentage of children being served in the homes of their parents was about 44 percent. Therefore, 56 percent of the children served were not in the homes of their parents, indicating that the situation of most children served was probably serious when they were accepted for services.

In summary, we believe that the detection of obstacles hindering improvements in providing welfare services to children is limited by HEW's lack of an evaluation that includes:

--Comparative analyses of the well-being of children.

--Estimates of the reasons for statistically significant differences detected by comparative analyses.

RESEARCH AND DEMONSTRATION EFFORTS

Research, training, or demonstration projects in the field of child welfare have no prescribed authorization levels established by law. Section 426, title IV, part B, of the Social Security Act authorizes the Congress to appropriate each fiscal year such sums as it may determine for these projects. These funds are administered within HEW by both the

## Occupancy of Facilities for Children Receiving Child Welfare Services (note a)

| Facility types | Children served Number (thousands) | Children served Percent | Facility capacity Children (thousands) | Facility occupancy rate Percent |
|---|---|---|---|---|
| Homes of parents | 304 | 44 | - | - |
| Homes of relatives | 38 | 6 | - | - |
| Independent living arrangement | 9 | 1 | - | - |
| Foster family homes | 224 | 32 | 323 | 69 |
| Group homes | 2 | 1 | 5 | 44 |
| Institutions | 63 | 9 | 88 | 72 |
| Adoptive homes | 45 | 6 | - | - |
| Elsewhere | 9 | 1 | - | - |
| Total | 694 | 100 | | |
| States with foster family home occupancy rate over 100 percent | | | | |
| Maine | 2.2 | - | 1.8 | 122 |
| North Carolina | 4.8 | - | 4.0 | 120 |

[a]Living arrangement is as of 3/31/69 shown in the National Center for Social Statistics Report CW-1 (69) Child Welfare Statistics, 1969.

Office of Child Development (OCD) and SRS. The funding levels have been:

| Fiscal year | OCD | SRS | Total |
|---|---|---|---|
| | | (millions) | |
| 1972 | $11.5 | $1.45 | $12.95 |
| 1973 | 12.5 | 1.18 | 13.68 |
| 1974 | [a]15.2 | 1.28 | 16.48 |

[a]Includes about $3 million transferred from the Office of Economic Opportunity.

OCD has HEW-wide responsibility for coordinating research activities affecting children and for developing research priorities and strategies. OCD adopted the following objective in the area of child abuse and neglect for fiscal year 1974.

> "To more effectively assist State, local, and voluntary agencies to strengthen their capacities to develop systems that will identify, and provide for the delivery of services to abused and neglected children and their families and to provide for the prevention of abuse and neglect."

The overall strategy to assure achievement of this objective has involved four main areas of concern.

1. Better identification of the problem.

2. Development and implementation of a variety of approaches for better intervention and remediation of abuse and neglect incidences.

3. Development and implementation of new service delivery systems to prevent future abuse and neglect.

4. Creation of a realistic awareness with respect to the problem by increased knowledge of the problem and education of the public.

Management of this effort was being accomplished through the Interdepartmental Committee on Child Abuse and Neglect under the leadership of OCD. That Committee was composed of representatives from SRS, the Office of Education, the Public Health Service, and the Office of the Secretary.

We did not evaluate child welfare services research and demonstration projects. We found no report of the impact that completed projects had on the well-being of children or on the child welfare services program and so had no basis for deducing the impact which ongoing and planned projects might have on reducing the obstacles hindering major improvements in the well-being of children.

We were concerned by CSA's limited evidence about the impact of previous research and demonstration project results. Our concern was increased because some agency officials were aware of only some child welfare services research and demonstration projects, mainly those performed within their respective States.

We believe that HEW has not taken full advantage of opportunities to help States improve their child welfare programs because it has not routinely drawn program implications from the results of research and demonstration projects and disseminated these implications and results to State and local child welfare program officials.

## CHAPTER 7

## OPPORTUNITIES FOR IMPROVING WELL-BEING OF CHILDREN

Major improvements in the well-being of children in the United States can be expected through:

--Earlier detection of a child needing assistance because of a downward trend in or the unsuitability of the child's situation.

--More effective and efficient identification and provision of the necessary assistance for a child.

The major obstacles to achieving these improvements have been discussed in chapters 5 and 6. Opportunities for overcoming or reducing the obstacles depend on:

--Educating children for parenthood before they are likely to become parents.

--Improving outreach efforts at the local level.

The opportunities for overcoming or reducing the obstacles to improvements in providing assistance depend on:

--Developing and providing greater community assistance.

--HEW periodically assessing and reporting on the well-being of children to the Congress and the States.

--Increasing the benefits of child welfare services research and demonstration projects.

### ENABLING EARLIER DETECTION OF NEED AND REQUEST FOR ASSISTANCE

In 457 of our 724 sample cases the child's situation was serious or critical when referred to a child welfare agency for help. Further, in 593 of the 724 cases referral was by outside sources (someone other than a parent or the child). We believe that OCD's continuing research and demonstration project area "Education for Parenthood" provides an opportunity for educating later generations of parents about the needs of children and the assistance which society offers. Such education could increase the likelihood that parents will detect earlier the need for assistance and will

request assistance before referral by an intervening source becomes necessary. The following project descriptions point out the relevancy and diversity of this project area.

Project title: Exploring childhood: A Curriculum for Adolescents

In this project materials developed during the pilot program are being revised and tested for use in programs in which adolescents work with young children while studying issues of child development and childrearing. Revised materials will be tested in classrooms in 200 school districts representing diversity in socioeconomic background, ethnicity of students, type of community, program orientation and teacher background.

Project title: Preparing Teenagers for Parenthood

This is an education and action-oriented demonstration program designed to mobilize the community resources, experience and expertise of five neighborhood centers located in five major cities in different geographical areas of the United States. The objectives of the program are to provide information about the human reproductive process, pregnancy, childrearing and parenthood; opportunities to discuss these topics in a comfortable climate of openness and mutual trust; participation in planned observation of children in various stages of development; and intensive practical experience in child care.

An OCD-hired contractor evaluated the "Education for Parenthood" project area and, in a preliminary report to HEW, dated August 31, 1974, stated that:

--About half of the youths surveyed in the evaluation felt that people should know a lot about raising children before having them.

--Before the program, few participants knew much about children.

--Neither boys nor girls had accurate information in important areas, such as prenatal care and child development, the social and emotional development of children, and family and child interactions.

By incorporating some required education for parenthood in secondary school curriculum, nearly every adolescent could be given an opportunity to learn what a child needs to prevent irreparable damage to life and development and what community assistance can be obtained when legally responsible caregivers are unable to provide needed assistance. In a sense, nearly every adolescent would have an opportunity to become the equivalent of a paraprofessional child welfare caseworker before becoming a legally responsible caregiver for children.

This research and demonstration project area represents a significant effort for preventing child abuse and neglect. However, because of the generally limited awareness and utilization of the results of child welfare research and demonstration projects, we believe that HEW should make a special effort to disseminate the results of research projects like those described above as soon as at least one of them has been assessed as having achieved worthwhile accomplishments.

## DEVELOPING AND PROVIDING GREATER COMMUNITY ASSISTANCE

At the time of our fieldwork, OCD had research and demonstration projects on "Child Advocacy,"[1] and bills pertaining to child advocacy had been introduced in the Congress. Our data on the situations of children at case opening, case closing, or last contact illustrate that the well-being of children must include consideration about their caregiving arrangement, as well as their personal condition. The importance of the family unit was expressed in a 1971 reprint of an SRS publication titled "Social Welfare in a Changing World":

> "But the family, however changed in character and function, continues as the nuclear social institution and many of the innovations of a developing society are designed to strengthen its social role by supplementary rather than substitute arrangements. Schools supplement family instruction; hospitals

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[1] This phrase has no specific definition which is widely accepted. However, the phrase generally concerns having some as yet unspecified number of persons officially assigned the responsibility for guaranteeing that children receive the services needed to prevent, or to cope with, mental and physical disabilities.

and clinics supplement family health care; assistance and insurance maintain income in situations when wage or other income is cut off; social services supplement the supportive services of the family or facilitate their discharge. But in all cases the family remains central, especially in those functions relating to the nurture of children."

Perhaps the well-being of children might be better served if advocacy emphasis were placed on the family rather than on the child so that appropriate consideration is given to the benefits of a child's natural caregiving arrangement. The importance of a child's family was also stated by the Chairman, Subcommittee on Children and Youth, in hearings on "American Families: Trends and Pressures, 1973."

> "Today we begin 3 days of hearings on the trends and pressures affecting American families predicated upon the simple belief that nothing is more important to a child than a healthy family."

Family advocacy should be examined as an alternative to child advocacy. The former could help assure that community resources are developed and provided in accordance with the needs of local families and could optimize the use of Federal economic assistance. Public officials in the role of family advocates could promote local efforts to develop specific opportunities for avoiding or overcoming the obstacles described in chapter 5.

Improving local outreach to extend awareness of available community assistance

Assistance for children cannot be provided until someone recognizes a need and is aware of the assistance obtainable. Each Federal assistance program somehow encounters the problem of assuring that the target population becomes aware of the need for and the availability of assistance. Simultaneously, we doubt that an economically feasible solution to this problem could involve each program having an individual outreach effort.

One concept of outreach which deserves mention was developed through a grant under title IV of the Older Americans Act of 1965, as amended. The grant recipient has published a series of manuals which have been distributed as guidelines to regional and State officials on aging. One of these

manuals, "Information and Referral Services: Reaching Out," contains the following description of an outreach effort:

> "Outreach takes the services of information and referral out of the I & R (Information & Referral) center and into the community. Outreach workers are skilled in talking to people and knowledgeable about their community. They contact people in their homes in an effort to help them use community services.
>
> "The purpose of the information and referral center is to link community services with people who need them. Unfortunately, there are many people who, without special help, are unable to make use of services in the community. People are often unaware of services that exist. Some cannot read or do not own a television or radio, so they don't hear about helping services. Some have no way of getting in touch with others. And, in addition to these problems, people are often afraid to ask for help. Therefore, the information and referral center wants to reach out to people who are now unable or reluctant to find help for their problems."

Regarding the target population, the manual states:

> "The outreach methodology described in this manual can be applied to many special groups or target populations, such as the poor, the elderly, or ethnic or racial groups. The limiting factor will be the availability of current information about where the target population of interest lives. Census information has been relied upon heavily for the techniques outlined in this manual. This publication was developed for use in a program concerned with the elderly poor. Most of the examples used in the manual are about this target population. However, it is hoped that the general principles will be apparent, and that the manual may be of use to those interested in other target populations as well."

The elderly poor and those legally responsible caregivers of neglected children who do not request or have not been referred for assistance from child welfare agencies have an equivalent need for local outreach services.

At all levels of government, officials responsible for providing assistance for children in need should examine the feasibility of promoting at the local level an outreach effort for several target populations, including legally responsible caregivers of children. Effective outreach could avoid the obstacle of some referral sources not being aware of program services and could diminish the obstacle of responsible caregivers resisting assitance.

Extending use of lay therapists

Dr. C. Henry Kempe, Director of the National Center (Denver, Colorado) for the Prevention and Treatment of Child Abuse and Neglect, attributed much of what he believed to be the Center's success in treating child abuse cases detected at Colorado General Hospital to the use of lay therapists. They were described by Dr. Kempe as nonprofessionals who become "good friends" to parents who had injured or feared they might injure their children.

According to Center officials the primary requirement for a lay therapist is the ability to give freely of themselves in a relationship without needing to control the other person or judging the other person by their own values. Essentially, lay therapists feel they can offer a nurturing relationship to another adult.

As expressed in the chapter,[1] "Innovative Therapeutic Approaches":

> "The ideal lay therapist is one who is prepared to become meaningfully involved over a period of 8 to 12 months in the lives of deprived parents in a major way. This involvement is accomplished through weekly or twice weekly visits, often in the parents' home. This relationship is characterized by listening, approving, and expressing noncritical points of view. A lay therapist must be available, often by telephone, in the evenings and on weekends, and a substitute made available when this is not feasible. In other words, a life line or rescue operation is firmly established for moments of crises."

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[1] A chapter prepared by Drs. Kempe and Ray E. Helfer, M.D., and published in the book, "Helping the Battered Child and his Family," 1972, J.B. Lippincott Company.

The following excerpt is from the statement (presented in March 31, 1973, testimony in hearings on the Child Abuse Act, 1973) of Helen Alexander, in charge of the Lay Therapists Program, at the Center:

> "In our four years experience, no child has been seriously re-injured in the families actively involved with a lay therapist. In many instances, because of the close contact and trusted relationship, pleas for help and relief in a crisis were recognized, making added help and protection of the child possible and acceptable to the family. The lay therapists do not replace professionals, but frequently make it possible for more limited professional contacts to be useful and effective for the family."

We discussed the use of volunteers with officials of the various welfare agencies we visited. These officials said that volunteers were used for such activities as friendly visitors, tutors, career counselors, health aides, child attendants, and day care workers but not as lay therapists.

One agency official stated that to be effective as a lay therapist a person must be available to a family on a continuous basis over a long period of time and that the typical volunteer does not make this kind of commitment. He stated that the demands on a person working in such therapy would be greater than most volunteers would be willing to accept. This official believed that lay persons involved in the task of rehabilitating families should be trained and paid at a minimal rate for the number of hours spent counseling a family as is the practice at the National Center for the Prevention of Child Abuse and Neglect in its Lay Therapist Program.

An official of another agency stated that the use of lay persons in therapy also helps in improving an agency's image in the community and in creating community support.

We believe that the cost of using lay persons could be considerably less than the cost of using additional caseworkers. In many instances their services may be more readily accepted than those of the caseworker because the families can identify with them more easily.

Extending eligibility for subsidized adoptions

Child welfare agencies attempt to provide a permanent family for all children for whom they have permanent custody

with the right to place for adoption. Welfare agencies generally were able to place certain children in adoptive homes. The more difficult to place children

--had mixed racial backgrounds,

--had serious physical or mental handicaps, and

--were not relinquished as infants.

Welfare agency officials in all of the counties we visited recognized that more homes for children having physical or mental handicaps could be found if subsidized adoption arrangements were available. One official stated that experience has shown that there are couples who would adopt such children except for the extra expense involved because medical insurance usually does not cover such services as physical or speech therapy and special education.

Four of the States we visited had laws authorizing subsidized adoptions. These laws authorized subsidy payments on behalf of a child with special needs. Payments are made to adoptive families who are deemed appropriate in all respects except for their economic ability to meet the needs of the child. The subsidy payments could be used to meet maintenance costs; medical, dental, and surgical expenses; psychiatric and psychological consultative expenses, and other costs necessary for the well-being of the child.

The need for a subsidized adoption program in the case of the District of Columbia has been recognized by the Congress. Such a program has been authorized in the District (Public Law 93-241, approved January 2, 1974). Children eligible for placement under this program are defined as those who are

--difficult to place in adoption because of age, race or ethnic background, physical or mental condition, or membership in a sibling group that should be placed together, or those for whom placements have not been made within 6 months of the time they became legally available for adoption.

According to the Senate report proposing that legislation, experience from the States that have such programs indicates that two primary benefits of subsidized adoptions are:

--The opportunity to place children in adoptive homes by providing financial resources to parents who otherwise could not afford to consider adoption.

--The decrease in State child welfare expenditures which results from shifting some of the cost of care for the child to adoptive parents.

At the time of our review, subsidized adoptions were authorized in 28 States and the District of Columbia. HEW should examine the need for such a program and, where appropriate, encourage the remaining States to implement such a program.

Increasing use of specialists to improve services

Many benefits could be obtained by using the resources available through other federally supported programs in the community--mental health centers and alcoholic treatment centers to which referrals could be made. Because alcoholism or mental illness were common problems in protective service cases, these resources could be used to improve rehabilitation.

Welfare agencies have referred clients with alcoholic or mental problems to the appropriate center for treatment. However, because the welfare agencies did not get involved in the treatment programs of these centers, we could not determine from our sample case files what treatment was provided.

One of the objectives of the welfare agencies, mental health centers, and alcoholic treatment centers is to resolve problems that have contributed to family disunity and disintegration. Collectively, these agencies have the types of specialists needed to improve rehabilitative services in protective service cases. The needs of families will be better served if these agencies' services are coordinated. The welfare agencies should develop a close working relationship with the centers. Joint planning and coordination by these agencies could optimize service delivery and minimize fragmentation. Advocates for the family at the local level could facilitate this planning and coordination.

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In summary, advocacy for the family at the local level could promote local action to:

--Obtain and use lay persons and volunteers in support of public assistance programs involving children and families.

--Achieve subsidization for persons who adopt children having special needs.

--Increase the coordination of services among the welfare agency and specialized health and treatment centers.

--Provide facilities in which adolescents can be appropriately placed.

PERIODICALLY INFORMING THE CONGRESS AND THE STATES ABOUT THE WELL-BEING OF CHILDREN

Although title IV of the Social Security Act does not require HEW to evaluate child welfare services, we believe that program evaluation is a fundamental part of effective administration. Moreover, improvement in the well-being of children is being federally assisted not only by title IV but also by other programs--educationally, by the Elementary and Secondary Education Act of 1965; nutritionally, by the National School Lunch Act of 1946; and medically, by title XIX of the Social Security Act.

Such a broad perspective is also implied by efforts within HEW's Office of Human Development, which aim at improving the quality of life for children and families throughout the Nation. In its justifications of appropriation estimates for fiscal year 1975, the Office identified as a priority area in research and demonstration projects a study of the child in relation to the enduring aspects of his everyday environment, including the family, the school, and other important institutions affecting him. Projects were to be undertaken and continued which would provide information to policymakers on four critical issues concerning the child's development.

"1. The interaction between the family and the school with respect to child development in the context of the school environment.

"2. The ways in which families develop skills for dealing effectively with institutions and community organizations in order to meet their needs.

"3. The ways in which families respond to, and cope with, major changes in social circumstances such as divorce, remarriage, maternal employment, and parental unemployment.

"4. The ways in which current public policies and emerging social trends affect families and children."

We recognize that HEW has a policy for program evaluation but believe that such evaluation can be facilitated by first developing a comprehensive concept for evaluating the well-being of children rather than a separate concept for evaluating each Federal program which contributes to the well-being of children.

One example of a comprehensive concept for evaluating the situation of a person in general has been indicated in the Older American Resources and Services progr of the Duke University Center for the Study of Aging and Human Development. That program, funded largely by the Administration on Aging, HEW, showed that the situation of an elderly person could be reliably rated using a number of descriptive categories (ranging from excellent down to completely impaired) for each of five major dimensions of human functioning: (1) physical health, (2) mental health, (3) social resources, (4) economic resources, and (5) capacity for the activities of daily living. One goal of that program was to plan service programs on the basis of findings in the community population. We cite this program only as an example of the kind of approach which HEW should consider for developing and using a comprehensive concept for evaluating the well-being of children.

By such an evaluation concept, some States may be found more successful than others in improving the well-being of children. By comparing the characteristics of the programs of the more successful States with programs of the less successful States, the means for improving the programs of the latter are likely to be identifiable and to become a basis for modifying those programs. However, to enable such learning, relevant information from each State must be identified, collected, and compared.

Although HEW's publication "Child Welfare Statistics" has included various relevant statistics by State, HEW has not developed a means for using such statistics to reach conclusions about whether any State was detecting and assisting children in need any better than any other State. Some statistics have not been reported by all States at all times. We believe that States would be more inclined to respond to HEW's requests for statistics if HEW were drawing useful program implications from them and were routinely deriving and explaining the child welfare benefits that could be expected from specific modifications in State programs.

Therefore, HEW must periodically assess program accomplishments and the involved resources and processes within States so that discoveries can result from comparing and analyzing information from two or more States. Estimates of factors,

such as the following, should be developed about children in each State and periodically updated:

--The likely number of children in various meaningful situations (such as those described by our grid on p.6).

--The likely number of children in some of those situations only because certain public assistance was being received.

--The quarterly or annual rate of change in the percentage of children estimated to be in unsatisfactory situations.

--The percentage of children who experience a particular amount of improvement from an unsatisfactory situation (when accepted for services) in a specified amount of time.

--The rates of assistance per child (for example, foster care days per child per month and homemaker service days per child per month) for children in each situational category.

--The number, capacity, and occupancy rate of various facilities (for instance, foster family homes).

Further, in budget justifications, annual program objectives can and should be expressed in terms of child welfare statistics being gathered and interpreted by HEW. Only then can significant differences between program accomplishments and objectives be detected and form a basis for HEW action. Interpretations which support attainment of quantitative objectives should be independently assessed either by the HEW Audit Agency or another designated activity to assure that such attainment did not include a relaxing of judgmental or reporting criteria to the actual detriment of the well-being of involved children.

When specific objectives are not achieved, research and demonstration projects to identify the obstacles involved and program modifications for avoiding or reducing the effects of these obstacles should be initiated. Nationwide program modifications should generally not be made until desirable results have been achieved from research and demonstration projects testing those modifications. However, this should not preclude individual States from voluntarily using untested program modifications to overcome identified obstacles.

## ACQUIRING MORE BENEFITS FROM RESEARCH AND DEMONSTRATION PROJECTS

Until HEW has an effective system for evaluating the well-being of children, there will be little assurance that research and demonstration projects are focused on the most important obstacles hindering children from achieving their full potential. Moreover, project accomplishments should include a comparison of the well-being of children included in that project with the well-being of children not included. Such comparisons could assist Federal and State administrators in deciding whether some modifications of relevant assistance programs might be worthwhile.

HEW has four distinct opportunities for increasing the contribution of research and demonstrations to the well-being of children:

--Focusing research and demonstrations on the major obstacles to children achieving their full potential.

--Improving dissemination of research and demonstration results.

--Developing valid illustrations of significant differences between the well-being of children in research and demonstration projects and the well-being of children not in such projects.

--Searching for and identifying assistance gaps and overlaps among individually enacted Federal programs involving children and families.

The interdepartmental Committee on Children and Youth created a task force in 1965 to assemble data on the amount of funds Federal programs provide for assisting children and youth. This task force estimated $12.5 billion in Federal expenditures for fiscal year 1968. More recent data was not available and the Committee is no longer active.

HEW's Assistant Secretary for Planning and Evaluation should maintain awareness of all such programs and estimate the contribution that each is making to the well-being of children. Such estimates should occasion periodic considerations about the need for revising one or more of the involved programs.

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The Child Abuse Prevention and Treatment Act, Public Law 93-247, approved January 31, 1972, authorized program funds of $85 million through fiscal year 1977. The act provides for:

--Establishment of a national center to find ways to prevent and treat child abuse and neglect.

--Aid to States in developing, strengthening, and carrying out child abuse and neglect prevention and treatment programs.

--Demonstration programs for such needs as consultation centers, parent self-help projects, and the training of professionals.

We believe that the benefits of this HEW-administered program should be identified and reported. The report should include suggestions for extending those benefits by modifying other programs which provide assistance for the well-being of children.

CONSIDERING LONG-TERM EFFECTS

HEW should consider how different kinds and amounts of assistance at different ages affect the total time that a person is in a satisfactory situation throughout life. Perhaps there is some assistance which, provided at certain periods of life, would minimize the time a person spends in an unsatisfactory situation.

In other words, the assistance provided children at any time can logically be expected to affect the remainder of their lives. HEW should attempt to identify that assistance which has had the best lifetime effect on children accepted for assistance in various situations. This identification should be provided to program administrators and caseworkers for their use in identifying the appropriate assistance for children accepted for assistance in a particular situation.

## CHAPTER 8

## CONCLUSIONS AND RECOMMENDATIONS

### CONCLUSIONS

Federal financial assistance in support of the well-being of children is much greater than that appropriated under title IV, part B, of the Social Security Act. Objectives of part B assistance are expressed so generally that we were unable to conclude whether they were being achieved. Federal, State, and local agency officials had not established systems for evaluating the well-being of children within their respective jurisdictions.

A continuing evaluation of the well-being of children is justified by the billions of Federal dollars spent through many programs which assist children and youth. In spite of such assistance, there were many protective service cases which included a child in a serious or critical situation when accepted for protective services. Most of these cases were reported by a source other than the legally responsible caregivers, who even then sometimes deprived the child of needed assistance by not permitting services or by moving to different jurisdictions.

When protective services were provided, the predominant service was placement outside the child's home and was seldom appropriate for adolescents. Most children achieved an improved situation before cases were closed. However, the younger a child was when accepted for services, the less often was the child in a critical situation and the more often was the child in a considerably improved situation when service ended.

Not all children in need of assistance beyond that being provided by legally responsible caregivers were being detected because

--these caregivers were either not sufficiently aware of or concerned about their children's needs and/or

--community residents were generally inadequately informed about child welfare services.

One means for eventually overcoming these obstacles, to a large extent, is to include courses in secondary school curriculum covering the needs of children and the community assistance available. Meanwhile, more children in need of

community assistance can be detected before their situations deteriorate to a serious level by increasing local efforts to develop and operate information and referral services.

Increased availability of appropriate resources might be achieved at the local level by an agency (independent of the service agencies) focusing attention on:

--The unsatisfactory family situations in the community.

--The means whereby families can be assisted to achieve satisfactory situations.

Improved assistance to families may result from increasing the availability of lay therapists, volunteers, professional specialists, and suitable facilities for placing adolescents. The increased use of local resources is vital if there is to be sufficient assistance for preventing the situations of all children in worse than satisfactory situations from declining.

The kind of data published by HEW's National Center for Social Statistics as child welfare statistics varied over the years. This variation was for us an insurmountable obstacle to estimating a national trend in the performance of child welfare programs. For HEW to assess the full impact of Federal assistance programs (including child welfare services) for children and youth, an adequate information base must be established, consistently maintained, and interpreted with the results tracked at regular intervals.

Improvements in the well-being of children in the United States depend on:

--The development and continuing use of a valid means for evaluating over time the well-being of children.

--The appropriate focus and use of the results of child welfare research and demonstration projects.

--The periodic provision of information showing the trend in the adequacy of assistance for children to Federal and State program administrators and the Congress.

We developed recommendations by merely extending the implications of what was learned and not learned about the well-being of children from our review. The following lessons were considered:

--Protective service case files involving children generally contain information about a child's well-being at case opening and at other points in time. This information is sufficiently descriptive to enable development of more than one category (like critical, serious) for distinguishing change in the well-being of a child. Information about the characteristics (like age) and the caregiving situation (like living with only one parent) of a child and about program related circumstances (like source of referral) can be obtained and associated with each respective assessment of the child's well-being. Such information can be (1) extracted for a selected number of children, (2) compiled, and (3) analyzed to obtain insight into what has been affecting the well-being of children as indicated by various categorical changes.

--The well-being of a child should be expressed in more precise terms (that is, beyond a child's personal condition and caregiving arrangement) than was possible during our review. For instance, the child's personal condition ought to at least be separable into two factors (physical and mental) because tests and treatments for each of those personal characteristics exist.

--The development of assessment categories for the well-being of a child must be evolved in conjunction with a supporting information recording and reporting system. Otherwise, an assessment category could depend on some information like a child's ability to hear and there might be no opportunity to assess, record, or report that ability.

--The well-being of a child is unquestionably affected by the total assistance received. This assistance can be partially provided by each of a number of federally supported programs, by the child's caregivers, and by volunteers. A change in a child's well-being is expected to be generally attributable to a change in the total assistance provided to the child. There is a danger of attributing the entire amount of a noticed change in a child's well-being to one program serving the child when information about other programs serving the child is not being considered.

Such potentially erroneous attribution can be precluded by: (1) developing a concept of the well-being of a child, (2) identifying the changes in the well-being of children being assisted by federally supported programs, and (3) developing a means for attributing the total changes to each of the programs involved.

--At present, program officials have not expressed program objectives in terms of changes in the well-being of children. Eventually, program objectives could be expressed in terms of specific categorical changes in the well-being of a specific number of children, and program effectiveness could be subsequently measured as specific changes achieved relative to those desired.

RECOMMENDATIONS

To increase the delivery of appropriate services for children before they reach a serious or critical situation, the Secretary of Health, Education, and Welfare, through the Assistant Secretary for Planning and Evaluation, should arrange for the evolutionary development and use of:

--A concept of the well-being of a child which facilitates: (1) estimation of the effects that federally supported program assistance has on an assisted child, (2) attribution of the effects on a child to each federally supported program involved, and (3) accumulation of attributed effects over the number of children served by each involved program to obtain an estimation of the total effects by program.

--An information recording and reporting system (in consonance with the developed concept of the well-being of a child) which facilitates detection of the reasons for a statistically significant difference between the well-being of children assisted in one (or some) State(s) and the well-being of children assisted in another (or other) State(s).

--A formal mechanism for disseminating the knowledge obtained through research and demonstration projects to local welfare agencies and for proposing Federal program changes when warranted by project results.

--A system that assures that federally supported research and demonstration projects focus on avoiding or overcoming the most troublesome obstacles to improving the well-being of children.

## HEW COMMENTS AND OUR EVALUATION

In a letter dated January 19, 1976, HEW commented on our recommendations. (See app IX.)

HEW asserted that our study does not represent an evaluation of child welfare programs and that it contains numerous methodological shortcomings. We acknowledge that our report is not an evaluation of child welfare programs. The report is a disclosure of (1) some insights about the well-being of some children accepted for protective services, (2) some information and data deficiencies which preclude evaluation of child welfare programs without accounting for the impact of other programs, (3) some opportunities for assisting the well-being of children, and (4) some opportunities for developing a system for evaluating the opportunities for assisting the well-being of children.

Admittedly, we encountered some lack of data pertaining to (1) the well-being of a child such as would enable us to identify a physical health index, a mental health index, and an emotional health index and (2) the intensity and cost of federally supported child welfare services provided to a child. However, we acquired and analyzed relevant data and qualitative information and made appropriately qualified interpretations of the results. This effort enabled us to present in unprecedented specificity the type of knowledge (such as (1) the percent of children in relatively different situations at case opening and case closing, (2) the predominant source of referrals, (3) some indication of the consequences of late referrals, and (4) some indication of the amount of time required to achieve a specific improvement in a child's situation) which should be provided for use in making Federal policy decisions which affect the well-being of children.

HEW agreed in principle with our recommendation to develop a concept of the well-being of a child which would facilitate program effectiveness and program evaluation but stated that several philosophical and technical issues needed to be resolved before making a commitment to implement such a concept.

HEW expressed concern that many aspects of "well-being" are value-laden rather than objective and absolute and that the establishment of Federal standards of well-being could exacerbate the serious problem of misclassification/mislabelling of children. We did not recommend the arbitrary or value-laden establishment of norms or standards of well-being for a child. The intent of the recommendation is that the concept of the well-being of a child be expressed in terms of the characteristics which have been changed and have been considered to be desirable changes by reasonable persons; for instance, providing a living arrangement safe from abuse and neglect. In other words, the concept of well-being must be developed on the basis of those noticeable changes in the well-being of a child which federally supported programs are trying to achieve.

HEW also stated that Federal requirements to record changes in the well-being of individual children over time could pose a threat to the civil liberties and privacy of individuals. We would expect HEW to provide safeguards against any such threat. Such a threat should be no greater than that already posed by the necessity to acquire, retain, accumulate, and use information about individual children for the purposes of (1) being able to appropriately determine eligibility for different amounts of program assistance, (2) performing case management, and (3) being able to learn how to improve the administration of program assistance.

With respect to the technical issues, HEW stated that a valid and measurable index of program effectiveness may not be a valid and measurable index of a child's well-being. We believe that the effectiveness of any assistance program must be expressed in terms relative to the well-being of the program's target population.

HEW stated that case files generally contain non-comparable and incomplete data. To the contrary, we found that case files generally contain much comparable data such as age, sex, living arrangement, date of case opening, source of referral, and reason for case closing. We believe that the completeness of case files is relative to the actual use made of them, which has primarily been limited to case-work management and has generally not included program evaluation. To the extent that HEW encounters a situation in which case files generally lack some specific acquireable data which is vital to a more discriminatory expression

of the well-being of a child, we would expect HEW to establish a program requirement that such data be obtained and provided as desired.

HEW further stated that attributing changes in multiple indices of well-being to single categorical programs would adversely affect the validity of related findings. We believe that such findings would be valid if they were obtained using a well established analytical technology whereby vectors (quantities having magnitude and direction) can be analyzed into a vector-sum of components (each component being a magnitude in a specified direction). In the case of a change in a child's well-being expressed in multiple indices, each index (such as the child's living arrangement or personal condition) would represent a direction of interest to be observed and the amount of change in a child's well-being in that direction would be its magnitude. Although it may be difficult, a basis for attributing change along an index to each source (including a program) of the total resources applied and considered capable of affecting movement along that index might be derived by (1) associating with each child's change along that index the mix of resources by source, (2) cumulating that information over the number of children having that change, and (3) constructing an attribution formula consistent with that information.

Notwithstanding those issues, HEW was sympathetic to our recommendation to develop a concept of well-being and supported the purpose of such endeavor. HEW described about a dozen activities recently undertaken or initiated within the Office of Human Development and the Social and Rehabilitation Service which were in consonance with our recommendation. We believe that the Office's target group planning initiatives to explore the feasibility of developing the concept of the well-being of children and other target populations are most responsive to our recommendation.

HEW did not concur at this time with our recommendation regarding the development and use of an information system in consonance with a concept of the well-being of a child because (1) the parameters would be speculative and unknown, (2) the system magnitude implies an effort beyond the capability of present systems, and (3) the conceptual issues must first be resolved. In our view, the identification of the parameters of the system must be accomplished simultaneously with the resolution of the conceptual issues. Otherwise, a theoretically sound but operationally impractical concept could be developed. With regard to the capability of present information and recording systems, the only

limitations we encountered during our review were a lack of (1) a requirement for caseworkers and program administrators to obtain and provide sufficiently specific and standardized data at regular times and (2) an established means for handling (cumulating, analyzing, and synthesizing) that data. Neither of those limitations appear to be very difficult to overcome while developing the concept of the well-being status of a child.

HEW concurred with our two recommendations concerning the dissemination of and the appropriateness of research and demonstration efforts.

MATTERS FOR CONSIDERATION BY THE CONGRESS

To enable the Congress and the States to periodically have a reliable basis for relating program and budgetary decisions to expected changes in the number of children in various situations in the Nation, the Congress may wish to consider requiring the Secretary, HEW, to submit biennially a report on the well-being of children in the United States. This report should contain:

--An estimate of the number of children in several descriptive situations (such as critical, serious, fragile, satisfactory) (nationally and by State) for the current, next, and (after the first such report) some reasonable number of previously reported years.

--An estimate of the expenditures (by source including Federal, State, and local funds) which contributed and are expected to contribute to the attainment of the estimated numbers of children in various situations.

--An identification of the major obstacles to improving the well-being of children and to reducing the estimated expenditures involved.

--Information on research and demonstration projects designed to avoid or overcome each of the identified major obstacles.

--Comments regarding the continuing importance of HEW-administered programs concerning children.

BASES FOR SELECTION OF STATES (note a)

| States | March 1970 (note b) Child population | March 1970 (note b) Children in poor/broken homes | Calendar year 1968 (note b) Children served by title IV-B | Calendar year 1968 (note b) Title IV-B expenditures per child served |
|---|---|---|---|---|
| | (thousands) | | | |
| Colorado | 749 (29) | 131 (31) | 16 (24) | $310 (32) |
| New Mexico | 386 (37) | 110 (33) | 7 (34) | 210 (46) |
| New York | 5,665 (2) | 1,094 (2) | 156 (1) | 910 (1) |
| Texas | 3,772 (3) | 917 (2) | 47 (6) | 120 (50) |
| (note c) | | | | |
| Florida | 1,967 (9) | 469 (7) | 20 (21) | 290 (35) |
| Minnesota | 1,364 (17) | 185 (26) | 60 (4) | 280 (37) |

[a]States are ranked ( ) under each heading with the largest value ranked as 1.

[b]Date of most current data.

[c]States above selected on basis of quantitative data; States below selected on basis of qualitive information.



APPENDIX I

## REVIEW LOCATION CHARACTERISTICS FOR ANALYSIS PURPOSES

| State | County | State population | County population | Relative population | | Remarks |
|---|---|---|---|---|---|---|
| | | | | Large | Small | |
| | | (thousands) | | | | |
| Colorado | El Paso | 2,207 | 236 | X | | County-administered program. |
| | Weld | | 89 | | X | |
| Florida | Alachua | 6,789 | 105 | | X | Had a special publicity campaign and a State-administered program. |
| | Duval | | 529 | X | | |
| Minnesota | Hennepin | 3,805 | 960 | X | | County-administered program and allegedly the most productive services. |
| New Mexico | Santa Fe | 1,017 | 54 | | X | State-administered program and permissive child abuse reporting law. |
| | Bernalillo | | 316 | X | | |
| New York | Bronx | 18,237 | 1,472 | X | | County-administered program. |
| Texas | Dallas | 11,197 | 1,327 | X | | County-administered program and permissive child abuse reporting law. |
| | McLennan | | 148 | | X | |



APPENDIX II

APPENDIX III

## PERCENTAGE DISTRIBUTION OF CHILDREN BY SITUATION AT CASE OPENING (note a)

265 children aged 0 to 5 years

| Caregiving arrangement | Personal condition | | | |
|---|---|---|---|---|
| | Critical | Serious | Fragile | Satisfactory |
| Satisfactory | 3 | 1 | - | 4 |
| Fragile | 3 | 1 | 8 | 3 |
| Serious | 8 | 19 | 9 | 5 |
| Critical | 23 (56) | 6 | 3 | 3 |

219 children aged 6 to 13 years

| | Personal condition | | | |
|---|---|---|---|---|
| | Critical | Serious | Fragile | Satisfactory |
| Satisfactory | 1 | 1 | 1 | 1 |
| Fragile | 3 | 4 | 6 | 2 |
| Serious | 11 | 32 | 8 | 6 |
| Critical | 16 (64) | 5 | 1 | 1 |

222 children aged 14 to 17 years

| | Personal condition | | | |
|---|---|---|---|---|
| | Critical | Serious | Fragile | Satisfactory |
| Satisfactory | 2 | 3 | - | 1 |
| Fragile | 4 | 7 | 2 | - |
| Serious | 19 | 31 | 3 | 1 |
| Critical | 18 (77) | 9 | 1 | - |

[a]Percentages in each of the three tables do not add to 100 because of rounding.

Note: Highlighted areas show 56 percent of the youngest group, 64 percent of the next older group and 77 percent of the eldest group were in serious or critical situations.

## PERCENTAGE DISTRIBUTION OF CHILDREN BY SITUATION AT CASE CLOSING (note a)

157 children aged 0 to 5 years

| Caregiving arrangement | Personal condition | | | | |
|---|---|---|---|---|---|
| | Critical | Serious | Fragile | | Satisfactory |
| Satisfactory | - | 1 | 4 | (86) | 35 |
| Fragile | - | 1 | 26 | | 21 |
| Serious | 1 | 4 | 4 | | 1 |
| Critical | 2 | - | - | | 1 |

111 children aged 6 to 13 years

| | Personal condition | | | | |
|---|---|---|---|---|---|
| | Critical | Serious | Fragile | | Satisfactory |
| Satisfactory | - | 1 | 6 | (77) | 18 |
| Fragile | - | 1 | 39 | | 14 |
| Serious | - | 9 | 6 | | 2 |
| Critical | 2 | 1 | - | | 1 |

130 children aged 14 to 17 years

| | Personal condition | | | | |
|---|---|---|---|---|---|
| | Critical | Serious | Fragile | | Satisfactory |
| Satisfactory | 2 | 6 | 13 | (53) | 10 |
| Fragile | 2 | 14 | 26 | | 4 |
| Serious | 4 | 5 | 7 | | - |
| Critical | 3 | 5 | - | | - |

[a]Percentages in each of the three tables do not add to 100 because of rounding.

Note: Highlighted areas show 86 percent of the youngest group, 77 percent of the next older group, and 53 percent of the eldest group were in satisfactory or fragile situations.

## PERCENTAGE DISTRIBUTION OF HOME PROBLEMS

| Home problems | Situation at case opening (Caregiving arrangements/personal condition) Critical/ critical | Serious/ serious | Fragile/ fragile |
|---|---|---|---|
| None | 2 | 2 | 9 |
| Adult had emotional problem | 33 | 23 | 19 |
| Adult had alcoholic problem | 12 | 9 | 8 |
| Adult had other problems | 15 | 21 | 39 |
| Husband-wife conflict | 11 | 9 | 10 |
| Parent-child conflict | 16 | 17 | 9 |
| Child behavioral problem | 10 | 19 | 4 |
| Other | 1 | - | 2 |
| Total | 100 | 100 | 100 |
| Number of problems | 319 | 448 | 69 |
| Number of homes | 137 | 193 | 39 |
| Problems per home | 2.33 | 2.32 | 1.77 |



APPENDIX V

APPENDIX VI

## PERCENTAGE DISTRIBUTION OF SERVICES PROVIDED

| Services to children | Situation at case opening (Caregiving arrangement/ personal condition) critical | serious | fragile |
|---|---|---|---|
| Counseling by caseworker | 11 | 19 | 6 |
| Psychiatric consultation | 5 | 5 | 2 |
| Psychological examination | 11 | 8 | 8 |
| Medical examination | 16 | 14 | 14 |
| Remedial therapy | 2 | 2 | 3 |
| Educational consultation | 5 | 5 | - |
| Alternate care placement | 36 | 31 | 39 |
| Suggested parents take child for treatment | 2 | 4 | 4 |
| Other | 10 | 10 | 9 |
| None | 2 | 1 | 9 |
| Services not required | - | 1 | 6 |
| Total | 100 | 100 | 100 |
| Number of services | 314 | 422 | 66 |
| Number of children | 142 | 199 | 43 |
| Services per child | 2.2 | 2.1 | 11.5 |
| **Services to caregivers** | | | |
| Counseling by caseworker | 35 | 42 | 43 |
| Inhouse diagnostic services | 3 | 1 | - |
| Referral to public alcoholic treatment center | 3 | 1 | - |
| Referral to public mental health treatment center | 13 | 12 | 7 |
| Referral to other treatment center | 7 | 1 | 3 |
| Homemaker service | 3 | 6 | 2 |
| Day care service | 3 | 3 | 2 |
| Other | 17 | 9 | 23 |
| None | 14 | 18 | 4 |
| Services not required | 2 | 7 | 16 |
| Total | 100 | 100 | 100 |
| Number of services | 226 | 266 | 50 |
| Number of caregiving arrangements | 142 | 199 | 43 |
| Services per caregiving arrangement | 1.6 | 1.3 | 1.3 |

## PERCENTAGE DISTRIBUTION OF CHILDREN BY SITUATION AT CASE CLOSING OR LAST CONTACT FOLLOWING SELECTED SITUATIONS AT CASE OPENING

Situation at case closing when situation at case opening has been:

1. Serious caregiving arrangement/serious personal condition --67 children.

| Caregiving arrangement | Personal condition | | | |
|---|---|---|---|---|
| | Critical | Serious | Fragile | Satisfactory |
| Satisfactory | - | 2 | 5 | 12 |
| Fragile | 1 | 3 | 38 | 8 |
| Serious | 3 | 12 | 7 | 2 |
| Critical | 3 | 2 | 2 | - |

2. Fragile caregiving arrangement/fragile personal condition --23 children.

| Caregiving arrangement | Personal condition | | | |
|---|---|---|---|---|
| | Critical | Serious | Fragile | Satisfactory |
| Satisfactory | - | - | 17 | 17 |
| Fragile | - | - | 52 | 14 |
| Serious | - | - | - | - |
| Critical | - | - | - | - |

Situation at last contact when situation at case opening had been:

3. Serious caregiving arrangement/serious personal condition --96 children.

| Caregiving arrangement | Personal condition | | | |
|---|---|---|---|---|
| | Critical | Serious | Fragile | Satisfactory |
| Satisfactory | - | - | 3 | 18 |
| Fragile | - | 2 | 42 | 17 |
| Serious | - | 9 | 6 | 1 |
| Critical | 1 | 1 | - | - |

4. Fragile caregiving arrangement/fragile personal condition --15 children.

| Caregiving arrangement | Personal condition | | | |
|---|---|---|---|---|
| | Critical | Serious | Fragile | Satisfactory |
| Satisfactory | - | - | 7 | 33 |
| Fragile | - | - | 47 | 13 |
| Serious | - | - | - | - |
| Critical | - | - | - | - |

## ESTIMATING SITUATIONAL DISTRIBUTION OF CHILDREN

We obtained:

--Statistics about the number of children by living arrangement in each State from publications of the Bureau of the Census, Department of Commerce.

--Statistics about children, who received some title IV supported assistance, from reports published by the National Center for Social Statistics, SRS.

--Some statistical factors for the living arrangements of children, who received some title IV supported assistance, computed from data about the 724 children in our sample.

Using these statistics, we derived estimates of the number of children likely to have been in various situations indicating the extent of the children's need for some specific kinds of assistance during fiscal year 1974. These estimates were a composite of the following independently derived subestimates:

--The number of children who could be expected to have been in specified situations in fiscal year 1974, assuming no title IV supported assistance (the assistance federally supported under title IV of the Social Security Act) was provided.

--The number of children who could be expected to have received title IV supported assistance in fiscal year 1974 and could therefore be expected to have achieved specified improved situations.

The table on page 75 contains our estimated situational distribution of about 76.1 million children during fiscal year 1974. To help understand the numbers in that table, the following explanations are provided.

--Critical situation--children estimated to have been in undetected need of placement outside their homes.

--Serious situation--children estimated to have been in undetected need of child welfare services other than placement.

--Fragile situation--children estimated to have (1) received placement, or (2) been in families which received protective services other than placement, or (3) been in families in undetected need of title IV, part A, supported assistance other than protective services and placement.

--Satisfactory situation--children estimated to have (1) received title IV, part A, supported assistance other than protective services and placement or (2) required no such assistance. Both groups were assumed to have made satisfactory adjustments to personal, family, and social circumstances.

On the basis of our subestimates, about 16.2 million children might have needed title IV supported assistance during fiscal year 1974, and about half were assisted. Although the estimate of children in need differs from CSA's estimate of 14.4 million, we knew of no way to test the statistical significance of that difference.

Estimated Situational Distribution of Children
Fiscal Year 1974

| Categories of need for title IV supported assistance | Situation of children (note a) | | | | | | | | Totals | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Critical | | Serious | | Fragile | | Satisfactory | | | |
| | Number | Percent | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| None | -- | -- | -- | -- | -- | -- | 59.9 | 78.7 | 59.9 | 78.7 |
| Needed and received | -- | -- | -- | -- | 1.0 | 1.3 | 7.1 | 9.4 | 8.1 | 10.7 |
| Undetected need | 1.7 | 2.2 | 1.9 | 2.5 | 4.5 | 5.9 | -- | -- | 8.1 | 10.6 |
| Total | 1.7 | 2.2 | 1.9 | 2.5 | 5.5 | 7.2 | 67.0 | 88.1 | 76.1 | 100.0 |

[a]Number of children is in millions.

APPENDIX IX

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20201

January 19, 1976

Mr. Gregory J. Ahart
Director, Manpower and
Welfare Division
United States General
Accounting Office
Washington, D.C. 20548

Dear Mr. Ahart:

The Secretary asked that I respond to your request for our comments on your draft report entitled, "More Should and Can Be Learned and Done About the Welfare of Children." The enclosed comments represent the tentative position of the Department and are subject to reevaluation when the final version of this report is received.

We appreciate the opportunity to comment on this draft report before its publication.

Sincerely yours,

John D. Young
Assistant Secretary, Comptroller

Enclosure

## COMMENTS OF THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE ON THE COMPTROLLER GENERAL'S DRAFT REPORT TO THE CONGRESS OF THE UNITED STATES ENTITLED: "MORE SHOULD AND CAN BE LEARNED AND DONE ABOUT THE WELFARE OF CHILDREN"

### Overview

The above-referenced report presents a study of case file information pertaining to the well-being of a sample of children receiving protective services and summary of interviews with child welfare staff at Federal, State and local levels. It is not an evaluation of child welfare programs.

The methodological shortcomings of the study are too numerous to document and are incidental to our major concern -- that the conclusions and recommendations do not follow logically or empirically from the study. Notwithstanding this limitation, the report correctly highlights many of the problems with the child welfare system and does make recommendations which have some degree of face validity.

The recommendations, as modified by the GAO after two meetings with the Department, are treated separately in the section below.

### GAO Recommendation

"To increase the delivery of appropriate services for children before they reach a serious or critical situation, the Secretary of Health, Education, and Welfare, through the Assistant Secretary for Planning and Evaluation, should arrange for the evolutionary development and use of:

-- A concept of the well-being of a child which facilitates: (1) estimation of the effects that federally supported program assistance has on an assisted child; (2) attribution of the effects on a child to each federally supported program involved; and (3) accumulation of attributed effects over the number of children served by each involved program to obtain an estimation of the total effects by program."

Department Comment

The DHEW concurs in principle with developing a "concept of the well-being of a child" which would facilitate the effectiveness and evaluation of the effectiveness of programs impacting on the welfare of children. However, it is recognized by both the GAO and the Department that exploration of the utility and feasibility of developing a profile of well-being to assess and improve program effectiveness may, in itself, take several years.

There are several significant issues -- philosophical and technical -- which must be addressed and resolved before DHEW can make a commitment to implement a concept of well-being. Our philosophical concerns are:

1) Many aspects of "well-being" are value laden rather than objective and absolute. Should the Federal government establish norms or standards of well-being to be used by local administering agencies in assessing individuals? Comparing children against normative indices of well-being could, it is feared, exacerbate the already serious problem of misclassification/mislabelling of children as well as appear to impose Federal standards on local programs.

2) Federally imposed requirements to record changes in the well-being of individual children over time could pose a threat to the civil liberties and privacy of individuals.

Outstanding technical issues to be tackled are:

1) Limitations of the state-of-the-art seriously restrict and impede the measurement of program effectiveness. Within this context one must realize that valid and measurable indices of program effectiveness may not be valid and measureable indices of children's well-being. Variables that indicate program effectiveness, including impact on children, are likely to be program-specific, narrowly defined, and only indirectly related to indices of well-being.

2) Drawing causal inferences from non-comparable and incomplete data bases (i.e., case file information) and attributing changes in multiple indices of well-being to single categorical programs adversely affect the validity of the findings.

Notwithstanding these unresolved and problematic issues, the Department is sympathetic to the GAO recommendation to develop a concept of well-being of children and supports the purpose of this endeavor -- to improve program effectiveness and its evaluation. DHEW has recently undertaken or initiated a series of activities which support this recommendation. Specifically, the Office of Human Development, through its "target group planning" initiatives, will begin to explore the feasibility of developing a concept or "profile" of the well-being of children and other target populations. A symposium of technical experts will be convened to grapple with the technical problems involved in identifying the relevant variables for defining well-being and developing objective and practicable measures of these variables. Additional activities and projects supported by the Office of Human Development, Office of Child Development include:

o developing a biennial report, "The Status of Children", which draws on a broad range of currently available data from Federal and State sources and presents an overview of recent demographic trends bearing upon the well-being of children. The 1975 Report and subsequent reports will attempt to refine the data and analytic techniques utilized in formulating indices of developmental risk.

o supporting a demonstration project to develop measures to be used in self assessments by State/County Child Welfare Agencies. Among the objectives of this project, specifically related to the impact of programs upon the well-being of children, is the determination of indices of program effectiveness which can be expressed in terms of measurable outcome criteria.

o supporting a Needs Assessment project designed to develop a replicable methodology for assessing the health and social needs of children from birth through five years of age.

o planning to undertake a project to develop measures for assessing the developmental status and progress of children along a broad spectrum of domains including health, nutrition, perceptual-motor development, language, social and cognitive development.

o planning to undertake in collaboration with the National Center for Social Statistics a methodological study intended to produce a sampling technology for obtaining in-depth data on child welfare issues. When developed, the sampling methodology will make it possible to survey child welfare systems periodically in order to obtain information on the status of children in the system and services provided to them.

Substantive actions which are pertinent to this recommendation are also being carried out by the Social and Rehabilitation Services, and the Community Services Administration. These include:

o initiating efforts to develop a micro-data base for evaluation of State Title XX service programs. This would involve case reporting on a sample of service recipients by the States. The data base is planned to include information on services for children. In conjunction with this effort, the Social and Rehabilitation Service will investigate measures of services outcome in relation to the well-being of children.

o considering a full-scale demonstration, in one or more States, of a recently tested methodology for evaluating the cost effectiveness of child abuse and neglect programs.

o conducting the second year of a three-year project on child abuse and neglect which includes an exhaustive review of the literature and a survey of various types of professionals who come in contact with child abuse and neglect cases. These data will be useful in developing a conceptual framework for the well-being of children, particularly as it relates to protective services.

o conducting a demonstration of methods of tracking children in foster care to assure the earliest possible return of such children to their homes or release for adoption.

o undertaking a study of day care management in all States to form the basis for intensive technical assistance to upgrade the control of State agencies over the quality and effectiveness of child care.

o conducting a series of studies which will contribute to a legislatively mandated report to the Congress on the appropriateness of Federal requirements for child day care as they impact on the well being of children.

o developing a proposal whereby Title IV-B services in the States will benefit by the needs assessment and planning process undertaken for Title XX. This should serve to improve and strengthen services to children in the States and lead to better program planning.

o working with Children's Bureau, Office of Child Development in developing child welfare system models and self assessment tools to assist States in improving programs for children. Developing profiles of State and local child welfare systems is one part of these efforts.

GAO Recommendation

> "...(DHEW) should arrange for the evolutionary development and use of:
>
> -- An information recording and reporting system (in consonance with the development of a concept of the well-being of a child) which facilitates detection of the reasons for a statistically significant difference between the well-being of children assisted in one (or some) State(s) and the well-being of children assisted in another (or other) State(s)."

Department Comment

The DHEW nonconcurs at this time for the following reasons:

1) The parameters of an information system that is consonant with a yet-to-be-developed concept are speculative and unknown;

2) the magnitude of the information system implies a scope of effort far beyond the capability of present information and recording systems;

3) the philosophical and technical issues mentioned in our response to the first GAO recommendation must be addressed and resolved prior to any further commitment by DHEW.

GAO Recommendation

> "...(DHEW) should arrange for the evolutionary development and use of:
>
> -- A formal mechanism for disseminating the knowledge obtained through research and demonstration projects to local welfare agencies and for proposing Federal program changes when warranted by projected results."

Department Comment

DHEW concurs and is in full agreement that the dissemination of knowledge obtained through research and demonstration projects is essential to the child welfare effort.

Within Social and Rehabilitation Services and Community Services Administration, efforts are underway to utilize the results of research, demonstration, and evaluation in providing improved technical assistance to States in the field of child welfare.

Also within the Office of Human Development/Office of Child Development a number of activities are underway which are targeted on disseminating knowledge obtained from research and demonstration to State and local welfare agencies. Among these are: the development and dissemination of good-practice guidelines for the provision of foster care services, the development and dissemination of model adoption subsidy laws for enactment by States, establishment of a clearinghouse for information on child abuse and neglect, and dissemination of child abuse and neglect demonstration project results, as they become available, to State and local welfare agencies.

GAO Recommendation

"...(DHEW) should arrange for the evolutionary development and use of:

-- A system that assures that federally supported research and demonstration projects focus on avoiding or overcoming the most troublesome obstacles to improving the well-being of children."

Department Comment

DHEW concurs. Within the Department, the annual research and evaluation planning process requires that each agency submit a Research and Evaluation Plan which includes statements of justification for project priorities and investments. Agencies must justify the importance of undertaking every project. Plans as well as project proposals are reviewed by other agencies and offices with overlapping program or policy interest. One objective of this intradepartmental coordination is to ensure that agency research and evaluation priorities do indeed focus on important issues within a substantive area.

## PRINCIPAL OFFICIALS OF THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE RESONSIBLE FOR ADMINISTERING THE ACTIVITIES DISCUSSED IN THIS REPORT

| | Tenure of office From | To |
|---|---|---|
| SECRETARY OF HEALTH, EDUCATION, AND WELFARE: | | |
| David Mathews | Aug. 1975 | Present |
| Caspar W. Weinberger | Feb. 1973 | Aug. 1975 |
| Frank C. Carlucci (acting) | Jan. 1973 | Feb. 1973 |
| Elliot L. Richardson | June 1970 | Jan. 1973 |
| ASSISTANT SECRETARY FOR PLANNING AND EVALUATION: | | |
| William Morrill | June 1973 | Present |
| Stuart Altman (acting) | Apr. 1973 | June 1973 |
| Lawrence E. Lynn | June 1971 | Apr. 1973 |
| ADMINISTRATOR, SOCIAL AND REHABILITATION SERVICE: | | |
| Don I. Wortman (acting) | Jan. 1976 | Present |
| John A. Svahn (acting) | June 1975 | Jan. 1976 |
| James S. Dwight, Jr. | June 1973 | June 1975 |
| Francis D. DeGeorge (acting) | May 1973 | June 1973 |
| Philip J. Rutledge (acting) | Feb. 1973 | May 1973 |
| John D. Twiname | Mar. 1970 | Feb. 1973 |
| COMMISSIONER, PUBLIC SERVICES ADMINISTRATION (note a): | | |
| Michio Suzuki (acting) | Jan. 1976 | Present |
| John C. Young | Mar. 1974 | Jan. 1976 |
| John A. Svahn (acting) | Oct. 1973 | Mar. 1974 |
| Samuel E. Martz (acting) | June 1973 | Oct. 1973 |
| William J. Page (acting) | Feb. 1973 | June 1973 |
| Philip J. Rutledge (acting) | Sept. 1972 | Feb. 1973 |
| David R. Beecher (acting) | July 1972 | Sept. 1972 |
| James A. Bax | June 1971 | June 1972 |

a/Name changed from Community Services Administration in January 1976.

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